

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

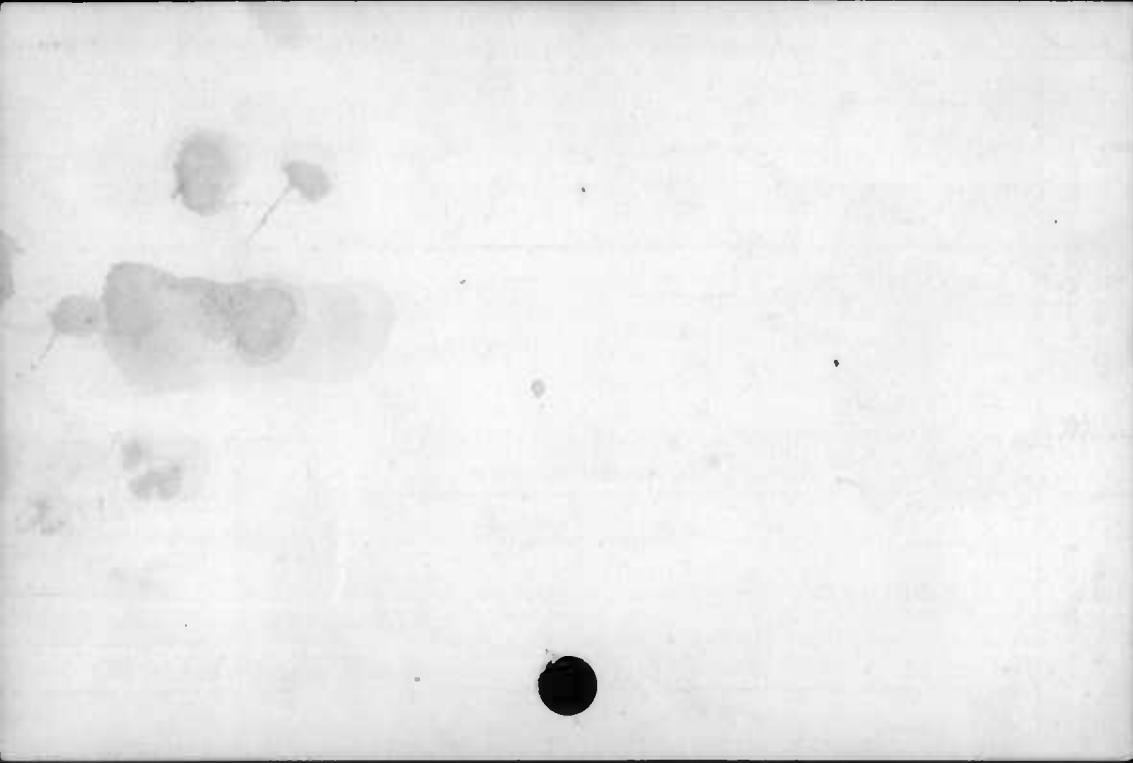
Name in Full <i>William Browne</i>		Town <i>Marysville</i>		County <i>P.H.</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>Mar</i>		Day <i>9</i>	
Age <i>10</i>		Years <i>10</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>MD</i>			
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William</i>		Father's Birthplace					
Mother's Maiden Name <i>Nettie Browne</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Geo Browne</i>		How related to deceased <i>Grandfather</i>					

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>4 days</i>
Immediate <i>toemia</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Robbins</i>
	Address <i>Croom MD</i>
Accident or Suicide?	



Name
in
Full

Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

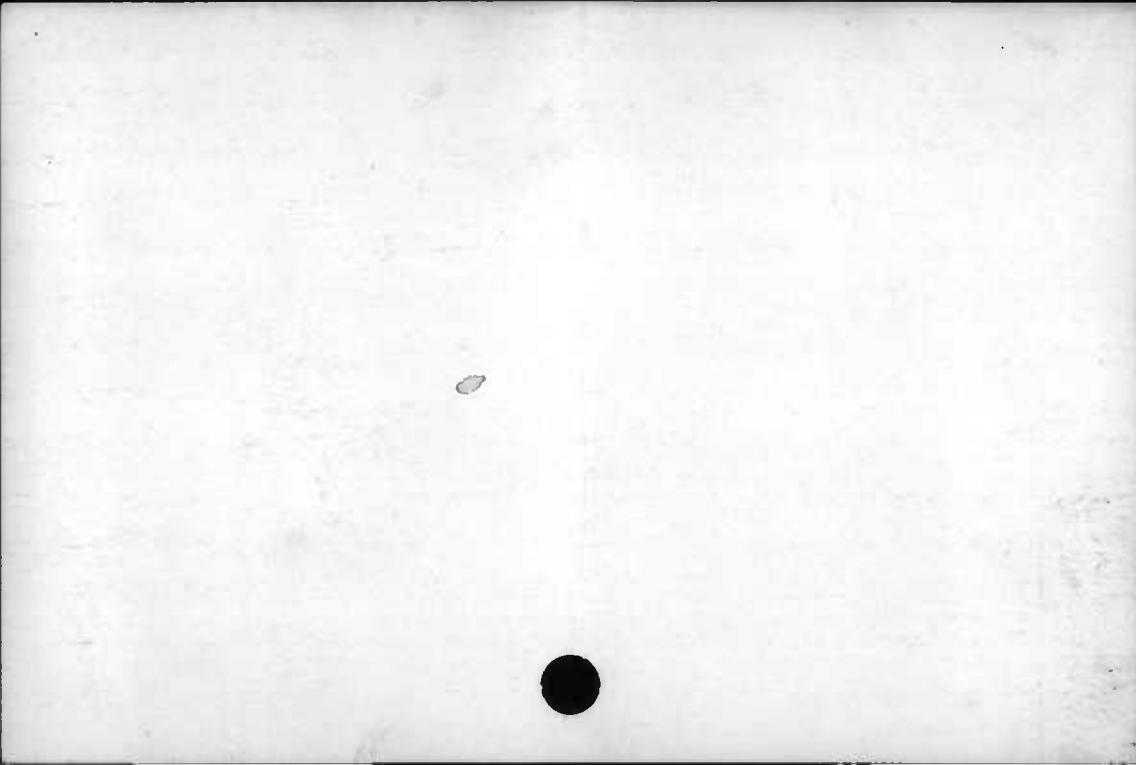
Died at <u>Landover</u> Town		<u>Prince George</u> County		MARYLAND	
Date of death	<u>1908</u>	Month <u>Nov</u>	Day <u>25</u>	Age <u>about 40</u>	Years <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>m. d.</u>		
Occupation <u>sewing machine agent</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>I don't know</u>				
Father's Name <u>I don't know</u>	Father's Birthplace <u>not known</u>				
Mother's Maiden Name <u>I don't know</u>	Mother's Birthplace <u>not known</u>				
Name of person giving information <u>Information from coroner inquest</u>				How related to deceased <u>—</u>	

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<u>Killed by P. M. and B. E. R.</u>	How long <u>immediately</u>
Immediate	<u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>as far as known</u>		Signature of Physician <u>Arthur. Carr</u>
		Address <u>W. attorneys m - d</u>
Accident — Suicide?		



Name
in
Full

Isabelle Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

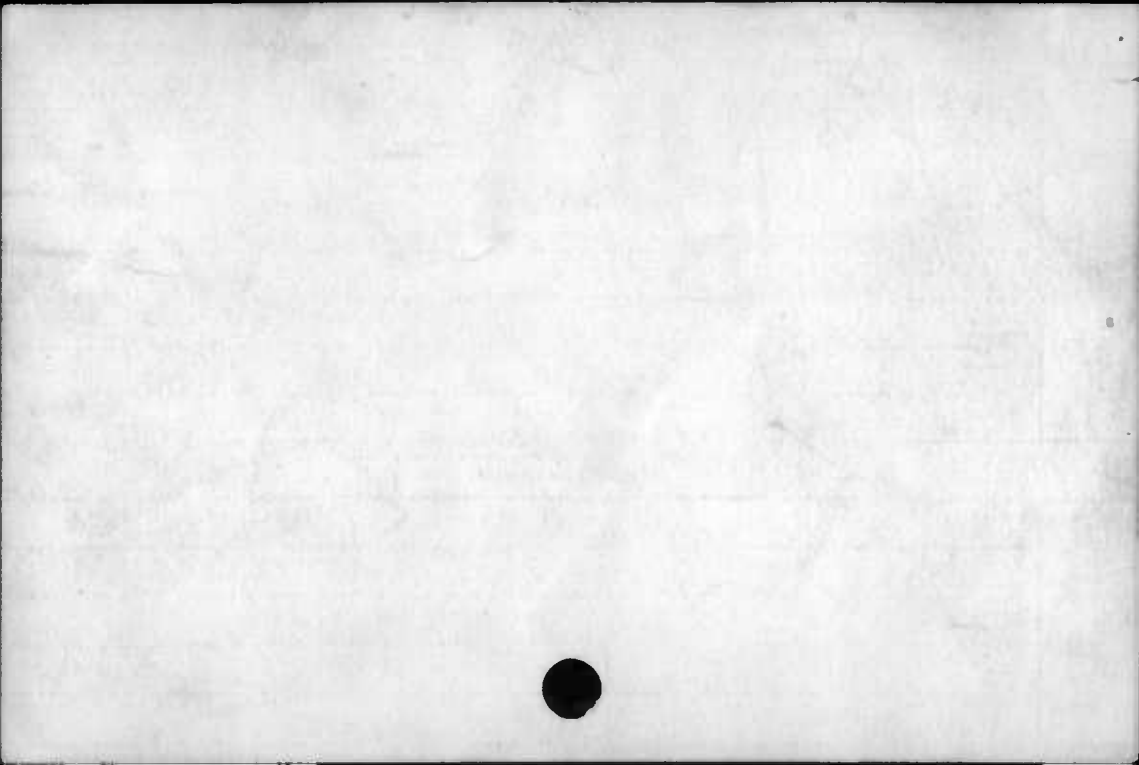
Died at <i>Farmington Hgts.</i>		Town <i>P. G.</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov.</i>	Day <i>2</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>S. C.</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Abraham Carter</i>			Father's Birthplace <i>S. C.</i>				
Mother's Maiden Name <i>Mary Gains</i>			Mother's Birthplace <i>S. C.</i>				
Name of person giving information <i>Abraham Carter</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. W. Jones</i>
	Address <i>Farmington Hgts.</i>
Accident or Suicide? <i>—</i>	<i>—</i>



Name in Full		Eling Chase				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Date of death		Month		Days	
		Sex		Color or Race		Birth-place	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		Father's Birthplace			
		Mother's Maiden Name		Mother's Birthplace			
		Name of person giving information		How related to deceased			
		CAUSES OF DEATH				(27)	
PHYSICIAN OR CORONER		Primary		Tuberculosis		How long	
		Immediate		"		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address			
		Accident or Suicide?					

CERTIFICATE OF DEATH

MARYLAND

Died at Piscataway Town Pr Geo. County

Date of death 1908 Nov. 9 Age 28 Months — Days —

Sex Female Color or Race Colored Birth-place Pr Geo Co.

Occupation House wife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Daniel Chase

Father's Name Benjamin Boyd Father's Birthplace Pr Geo Co.

Mother's Maiden Name Letty Boyd Mother's Birthplace Pr Geo Co.

Name of person giving information Daniel Chase How related to deceased Husband

CAUSES OF DEATH

(27)

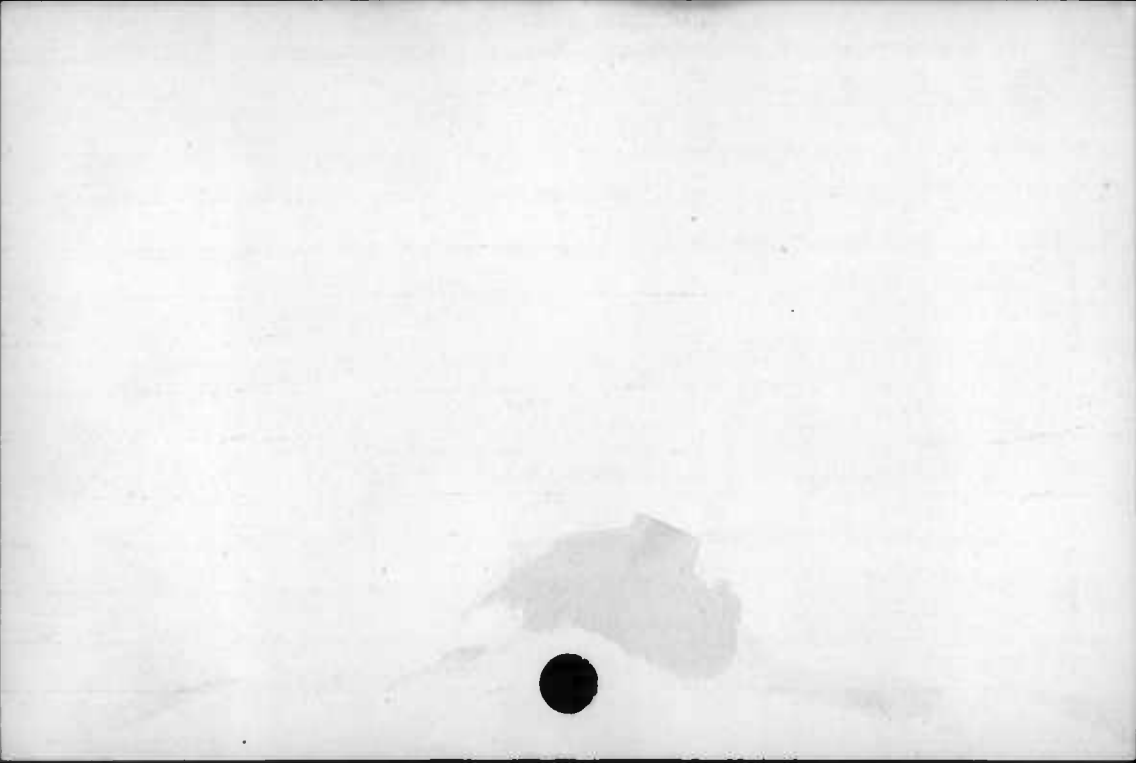
Primary Tuberculosis How long about a year

Immediate " How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E. J. Hurt, M.D.

Address Piscataway

Accident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

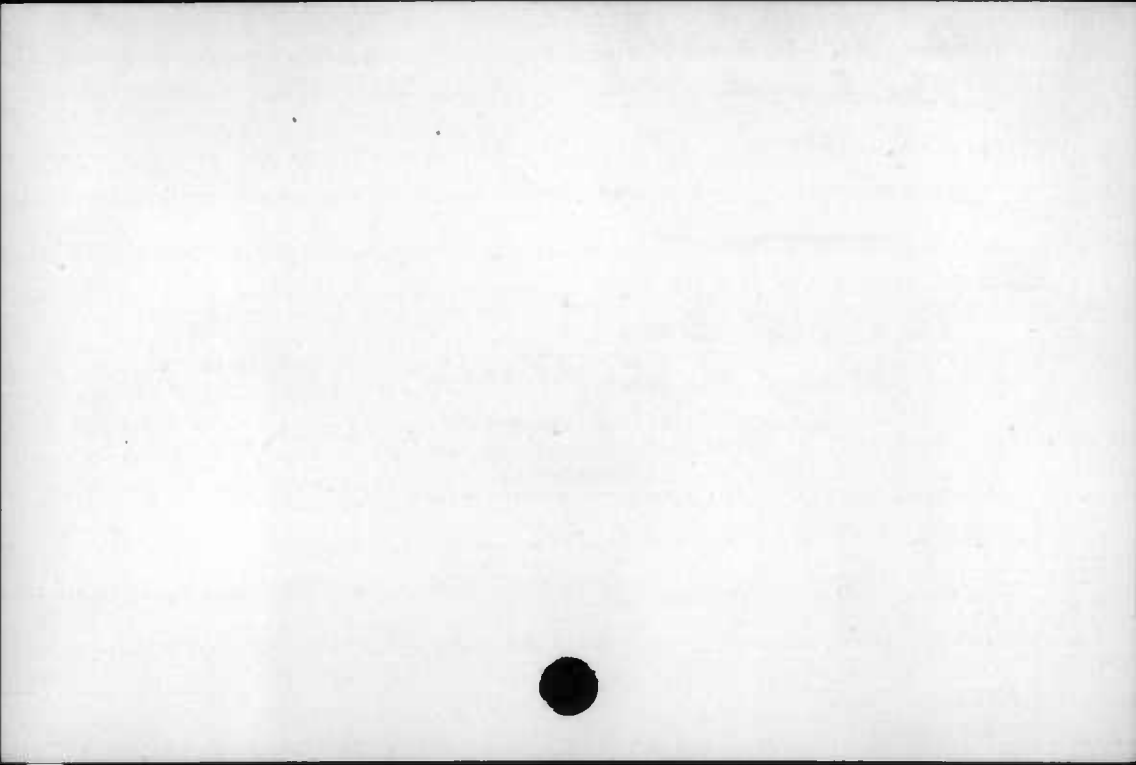
Died at <i>Melford</i> Town		<i>P. es.</i> County			
Date of death <i>1908</i>	Month <i>11</i>	Day <i>28</i>	Years <i>13</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Jim Curtin</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Sam Sweeney</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

70

PHYSICIAN
OR CORONER

Primary <i>Idiot from birth</i>	How long <i>13 yrs.</i>
Immediate <i>Convulsions (severe).</i>	How long <i>Several hours.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Haring</i>
	Address <i>Chilton Md.</i>
Accident or Suicide?	



Name
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Full

Noble L Davis

CERTIFICATE OF DEATH

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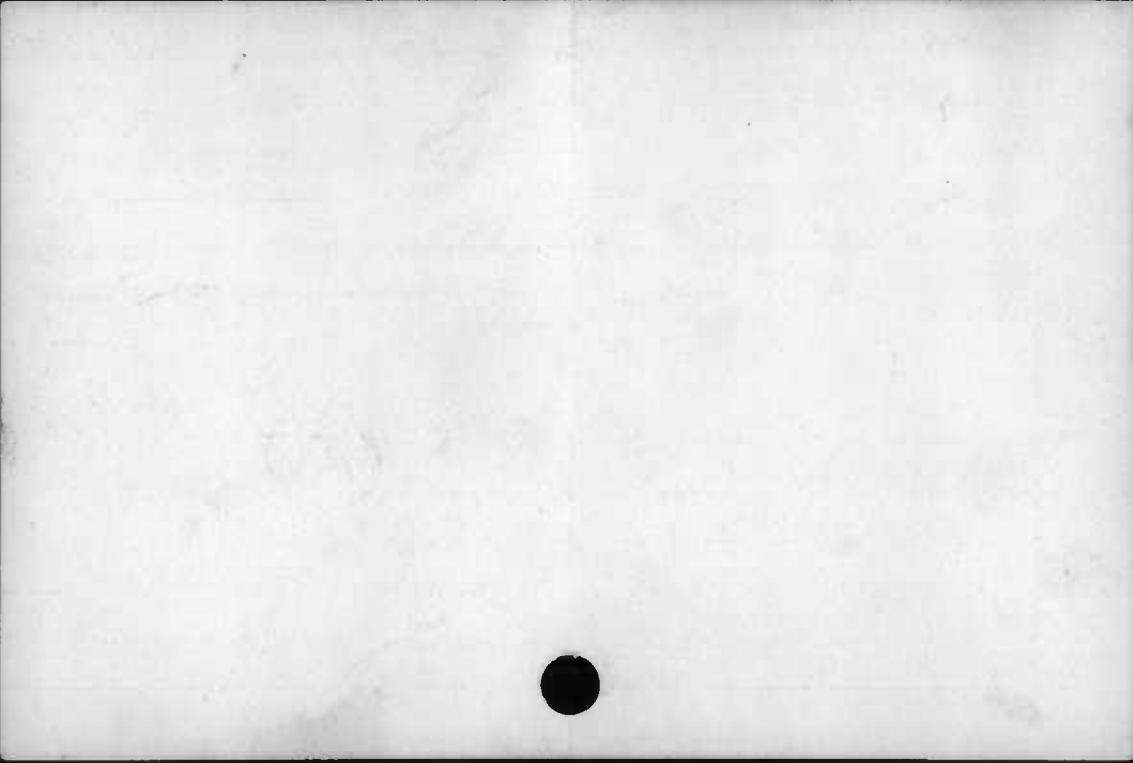
Died at <i>Brentwood Md</i>		County <i>Prince Geo</i>		MARYLAND	
Date of death	1908	Month	Nov	Day	19
Age		Years		Months	Days
21					
Sex	<i>male</i>		Color or Race	<i>White</i>	
Birth-place	<i>Va</i>				
Occupation	<i>Unknown</i>		Where Residing if not at place of death		
Marrried, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>Carey A Davis</i>			Father's Birthplace	<i>Va</i>
Mother's Maiden Name	<i>Mary a Sutton</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Carey a Davis</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

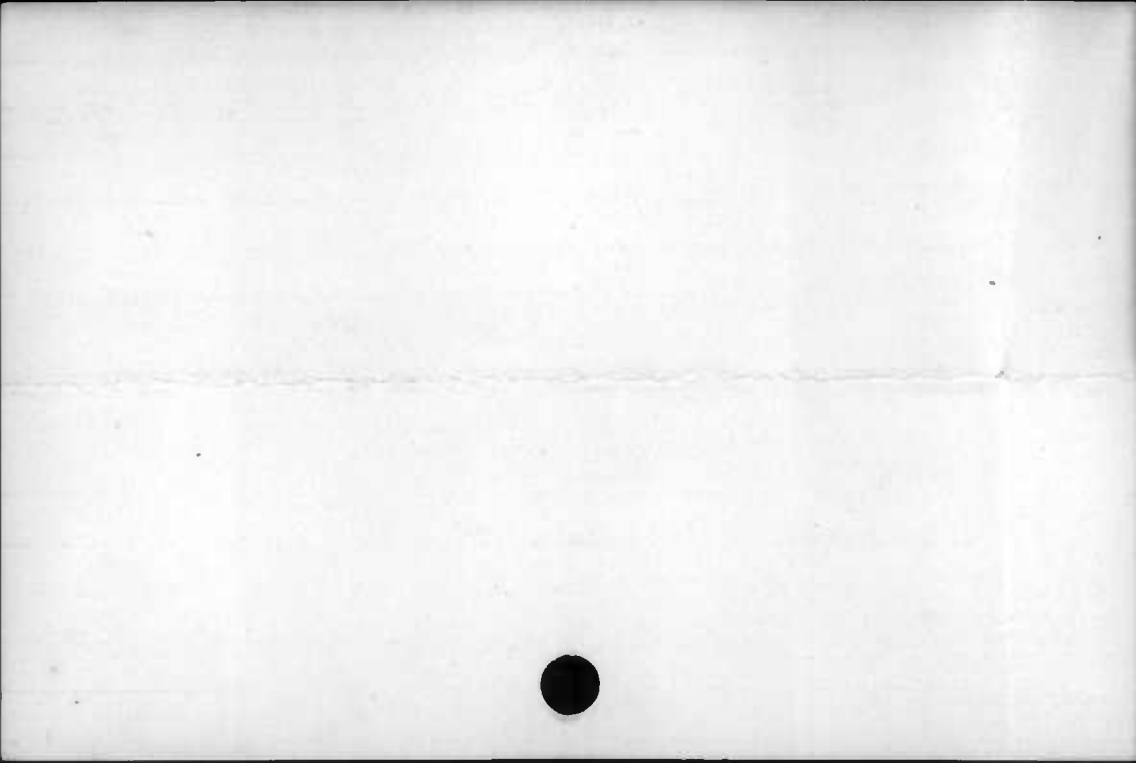
166

PHYSICIAN
OR CORONER

Primary	<i>Accident</i>	How long	<i>Immediate</i>
Immediate	<i>Motor vehicle in which he was driving returned</i>		
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Augustus H Baker</i>
		Address	<i>Acting Coroner</i>
Accident or Suicide?	<i>Accident</i>		<i>Bladensburg Md</i>



Name in Full		Jane Douglas				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Cedarville	County Pr. Gm	MARYLAND			
		Date of death		1908	Month 11	Day 29	Age 18	Months Days	
		Sex		female		Color or Race	Caucasian	Birth-place	Ind
		Occupation		Laundress		Where Residing if not at place of death			
		Married, Single or Widowed		Single		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name				Father's Birthplace			
		Mother's Maiden Name				Mother's Birthplace			
		Name of person giving information				How related to deceased			
				Joseph Gant-		none			
				CAUSES OF DEATH		27			
PHYSICIAN OR CORONER		Primary				How long			
		Pulmonary Tuberculosis				about a year			
		Immediate				How long			
		Asthma				don't know			
		Are the name, age, sex, color, date and place correctly given above?				yes		Signature of Physician	
				Address		John A. Cor			
				Address		Y.B.			
				Address		Ind.			
				Accident or Suicide?					



Name
in
Full

Wm J. Dumas

CERTIFICATE OF DEATH

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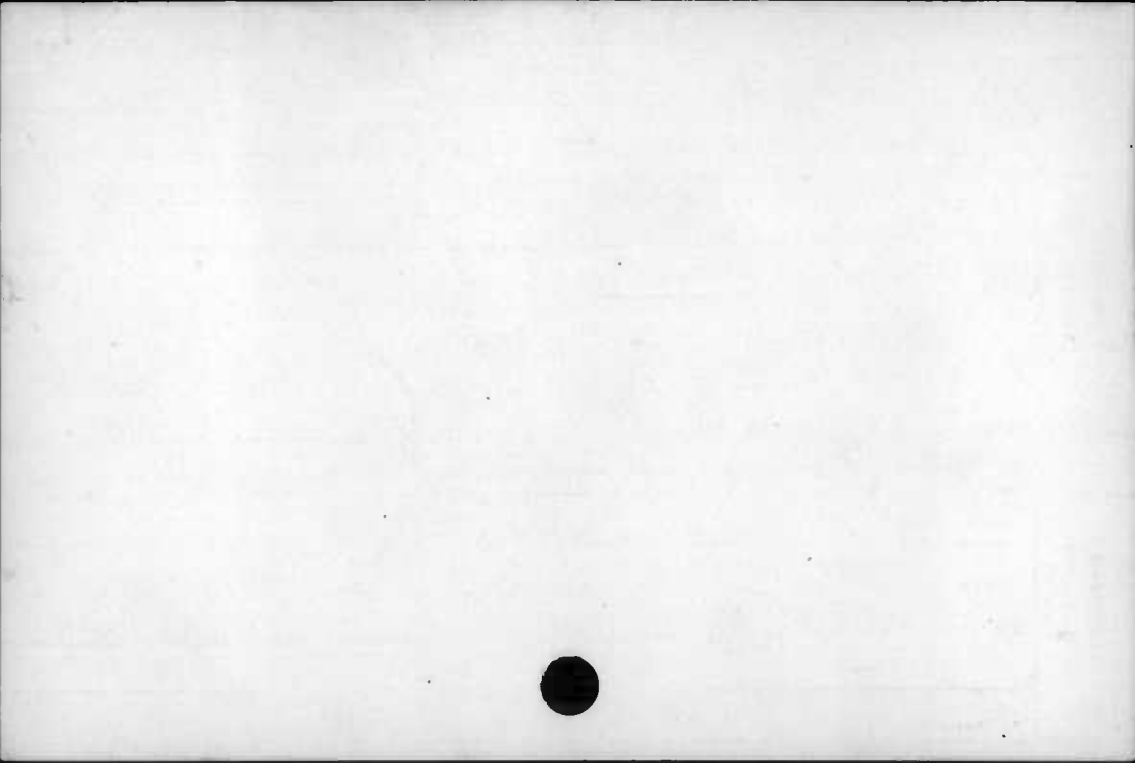
Died at		Town Brandywine		County P. D.		MARYLAND	
Date of death	1908	Month 11	Day 19	Years Age about	43	Months	Days
Sex	Male		Color or Race	White		Birth- place	Ind
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Augusta A Dumas			
Father's Name	John Dumas					Father's Birthplace	Ind
Mother's Maiden Name	Mary Curtis					Mother's Birthplace	Ind
Name of person giving In formation	Augusta Dumas					How related to deceased	Wife

CAUSES OF DEATH

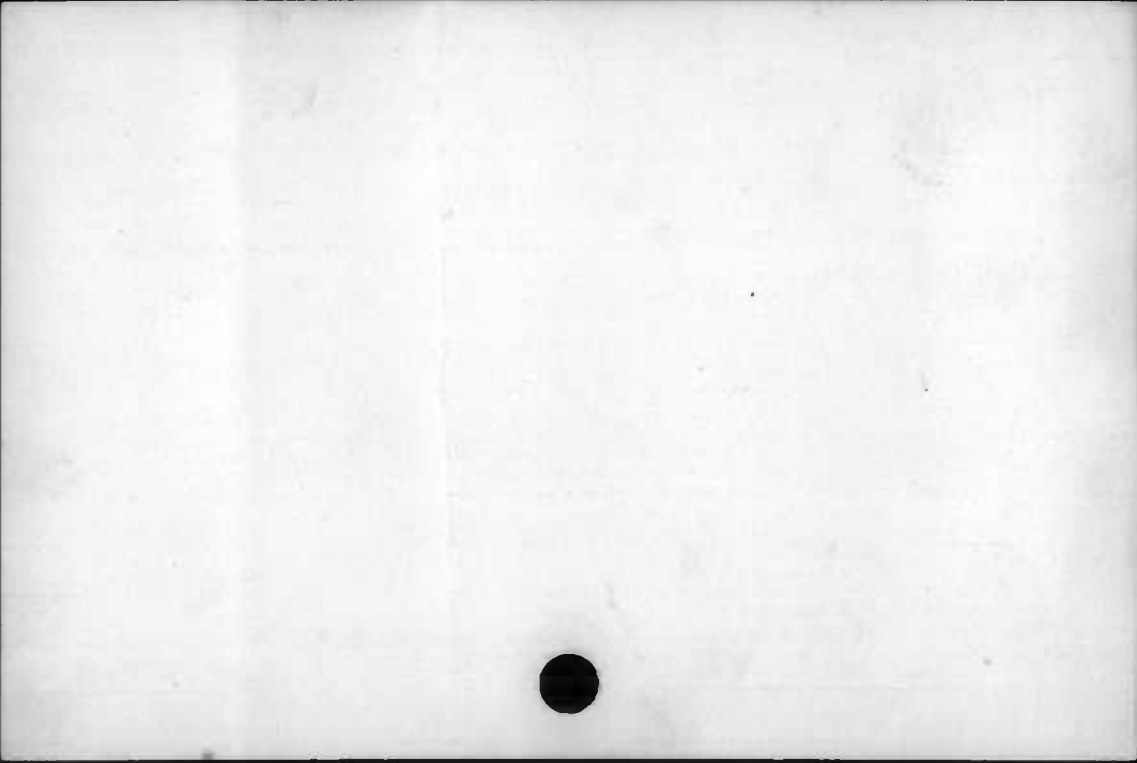
45

PHYSICIAN
OR CORONER

Primary	Cancer of Throat	How long	about 6 m
Immediate	Exhaustion	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John A. Cor
		Address	P.B.
Accident or Suicide?			Ind



Name in Full Charlie Erdman		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Suitland Town		Prince George County
	Date of death 1908 Month 11 Day 23		Age 88 - Years Months Days
	Sex male	Color or Race white	Birth-place Germany
	Occupation None	Where Residing if not at place of death —	
	Married, Single or Widowed widower	Name of Wife or Husband Unknown	
	Father's Name Unknown	Father's Birthplace Unknown	
	Mother's Maiden Name Unknown	Mother's Birthplace Unknown	
Name of person giving information Charlie Moske,		How related to deceased None	
<div>CAUSES OF DEATH</div> <div>79</div>			
PHYSICIAN OR CORONER	Primary Valvular Disease of the heart.	How long 1 yr	
	Immediate Sudden death	How long immediate	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician John E. Boushamp	
	Address Forestville	Address md.	
Accident or Suicide? neither			



Name
in
Full

Galloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
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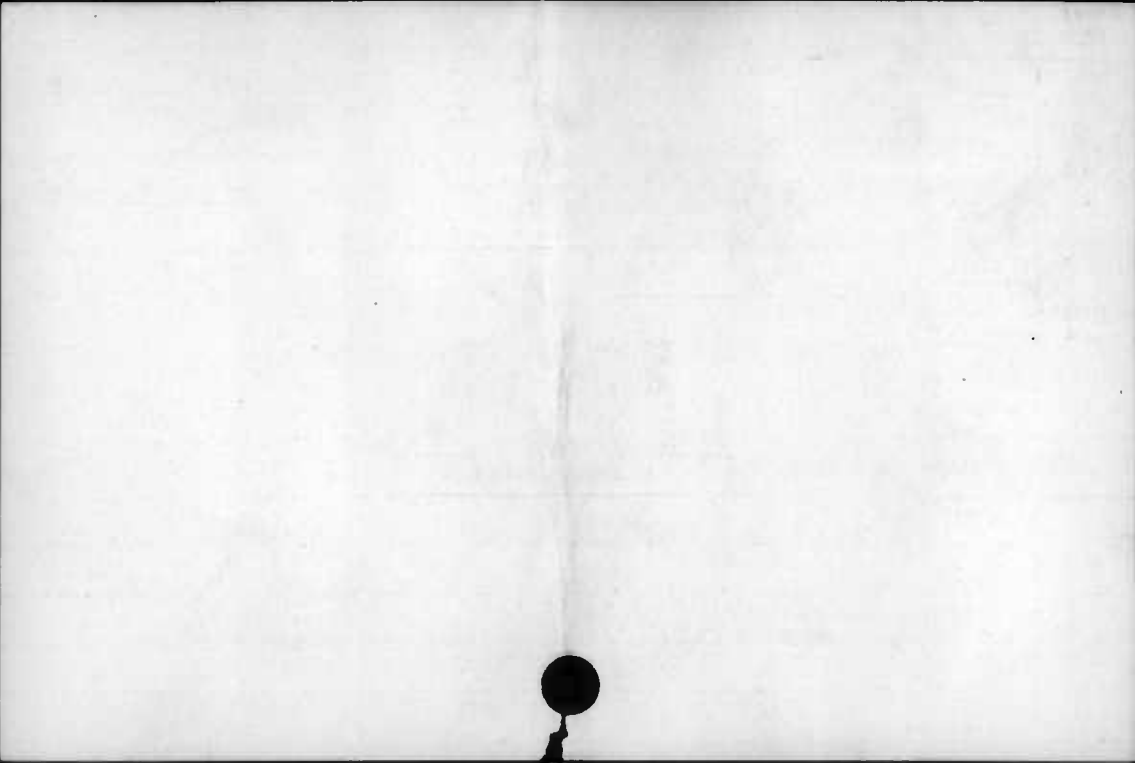
Died at <i>near W. Madbo</i>		Town <i>W. Madbo</i>		County <i>P. D.</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>11</i>	Day <i>22</i>	Age	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>				
Occupation				Where Residing if not at place of death			
Married , Single or Widowed				Name of Wife or Husband			
Father's Name <i>John Galloway</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Katherine Harrison</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>John Galloway</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

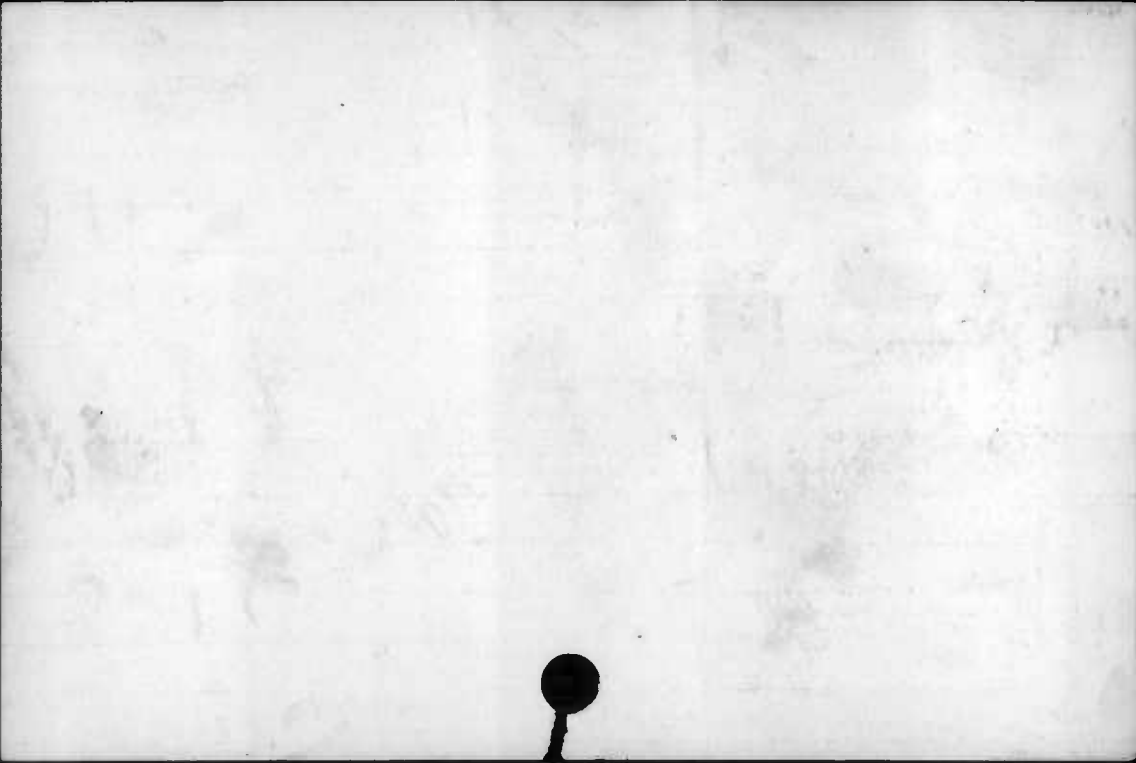
151

PHYSICIAN
OR CORONER

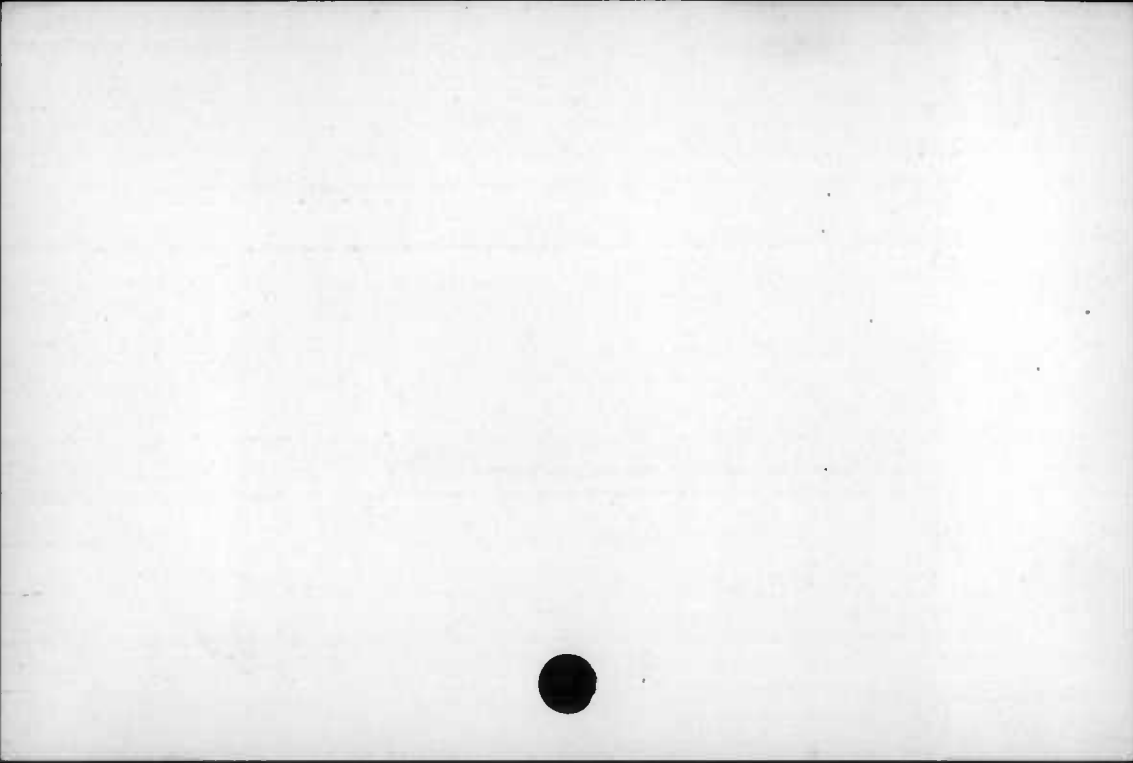
Primary	<i>Premature birth</i>	How long <i>1 dy</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Reverdy Sasser</i>
		Address <i>W. Madbo Ind</i>
Accident or Suicide?		



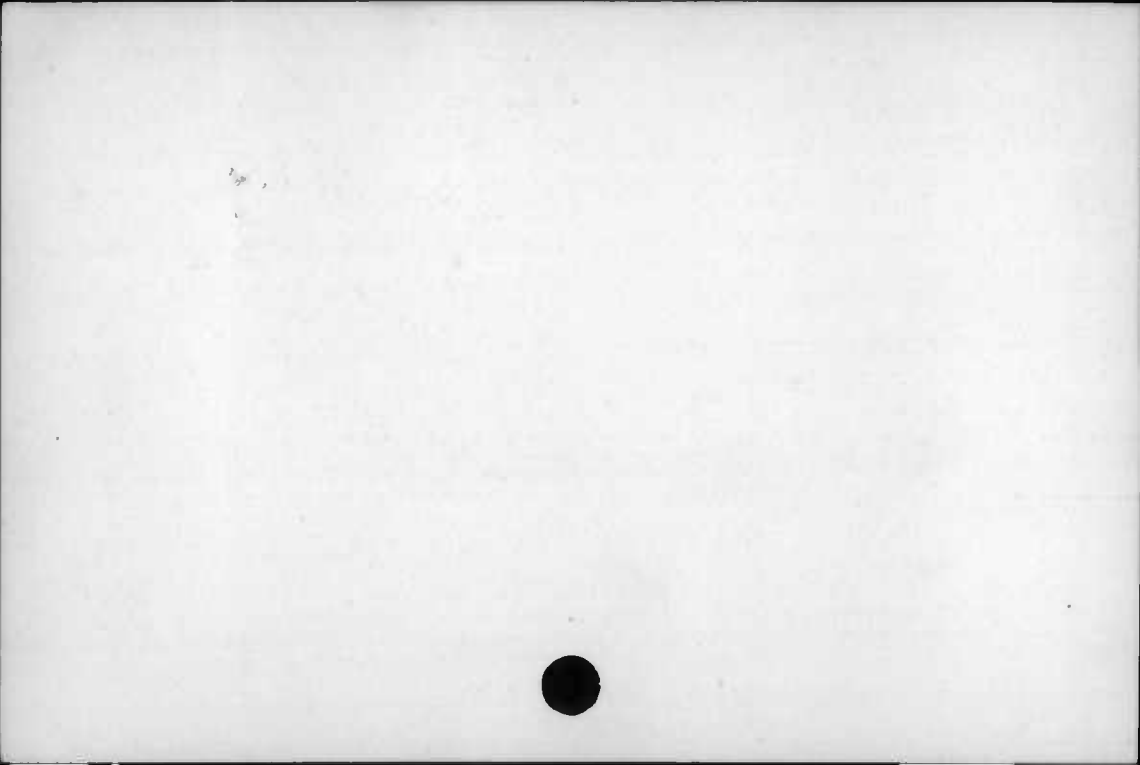
Name in Full		CERTIFICATE OF DEATH			
Addie May Gardner		T. J. Co			
Died at		Forestrville		MARYLAND	
Date of death		1908	Nov.	12	Age 9
Sex		Female		Color or Race	Colored
Occupation		School child		Birth-place	Unknown
Where Residing if not at place of death		—			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Unknown		Father's Birthplace	Unknown
Mother's Maiden Name		"		Mother's Birthplace	"
Name of person giving information		Emily Crawford		How related to deceased	None
CAUSES OF DEATH					
Primary		Natural causes		How long	178 Sudden
Immediate		Heart trouble-sudden death		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		John E. Sansbury			
		Address			
		Forestrville			
		Md			
Accident or Suicide?					



Name in Full John Herbert Gibbons		Town New Glatz		County Pr. Geo.		CERTIFICATE OF DEATH	
Died at New Glatz		Date of death 190 NOV 18 1908		Age 63		MARYLAND Months Days	
Sex male		Color or Race White		Birth-place Md.			
Occupation Farmer		Where Residing if not at place of death					
Married, <input checked="" type="checkbox"/>		Name of Wife or Husband Margaret L. Gibbons					
Father's Name John Herbert Gibbons		Father's Birthplace Md.					
Mother's Maiden Name Maria Garrall		Mother's Birthplace Md.					
Name of person giving information Kate Gibbons		How related to deceased Daughter					
		CAUSES OF DEATH		120			
Primary Chronic Nephritis		How long Indefinite					
Immediate Fatty Heart		How long 2 years					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. P. Simpson		Address Rosecroft Md.			
Accident or Suicide? <input checked="" type="checkbox"/>							



Name in Full Wm A Gibbons		CERTIFICATE OF DEATH	
Died at Z.B. Town		County Pr. Har	
Date of death 1908 Month 11 Day 9		Age 78 Years Months Days	
Sex male Color or Race white		Birth-place Ind	
Occupation Farmer		Where Residing if not at place of death	
Married, Single or Widowed widow		Name of Wife or Husband Mrs. E. Gibbons	
Father's Name John Gibbons		Father's Birthplace Ind	
Mother's Maiden Name Melvinia Gibbons		Mother's Birthplace Ind	
Name of person giving information W.H. Gibbons		How related to deceased Son	
CAUSES OF DEATH			
Primary Cerebral Softening		How long 7 years	
Immediate Cerebral Haemorrhage		How long 3-6 hours	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John A. Coz	
		Address Z.B. Ind	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

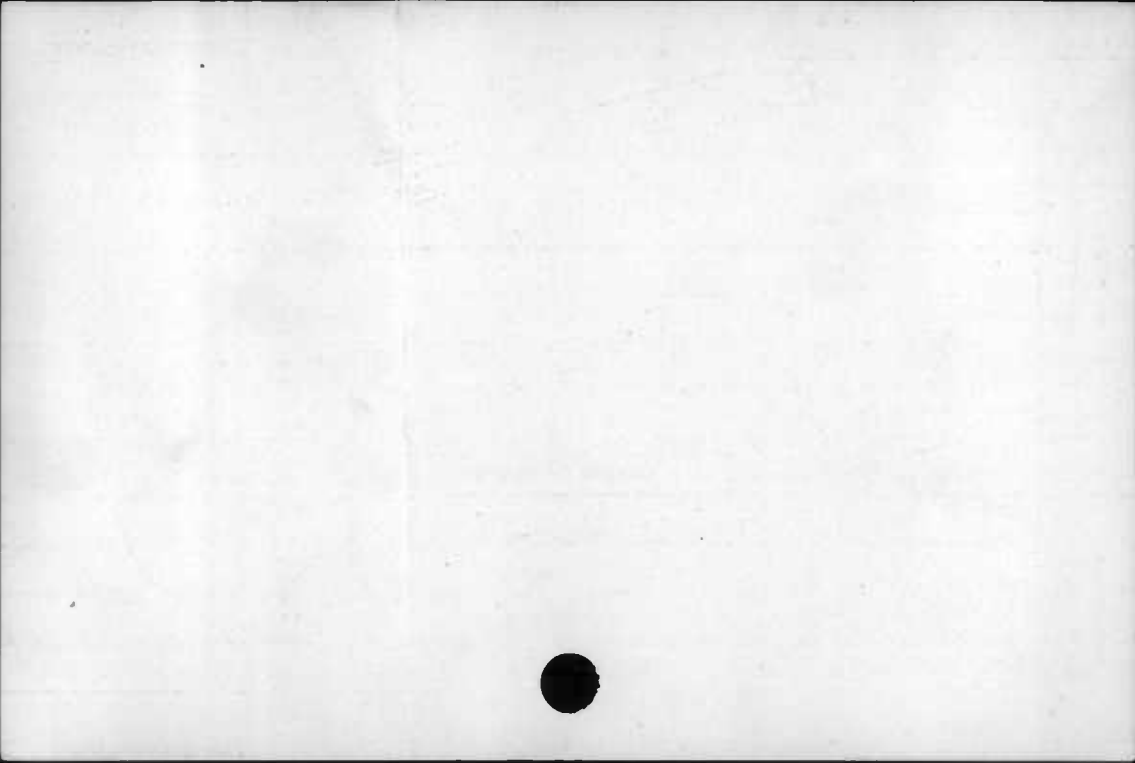
Name in Full <i>James R. Graham</i>				Town <i>Sullivan</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Sullivan</i>		Month <i>11</i>		Day <i>12</i>		Age <i>62</i>		Months	
Date of death <i>1908</i>		Month <i>11</i>		Day <i>12</i>		Age <i>62</i>		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>					
Occupation <i>None</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Maggie J. Graham</i>							
Father's Name <i>James Graham</i>		Father's Birthplace <i>Scotland</i>							
Mother's Maiden Name <i>Sally A. Graham</i>		Mother's Birthplace <i>Delaware</i>							
Name of person giving information <i>W. J. Graham</i>		How related to deceased <i>Son</i>							

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>4 yrs</i>
Immediate <i>General debility</i>	How long <i>2 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John E. Sansbury</i>
	Address <i>Forestville Md.</i>
Accident or Suicide? <i>Neither</i>	



Name
in
Full

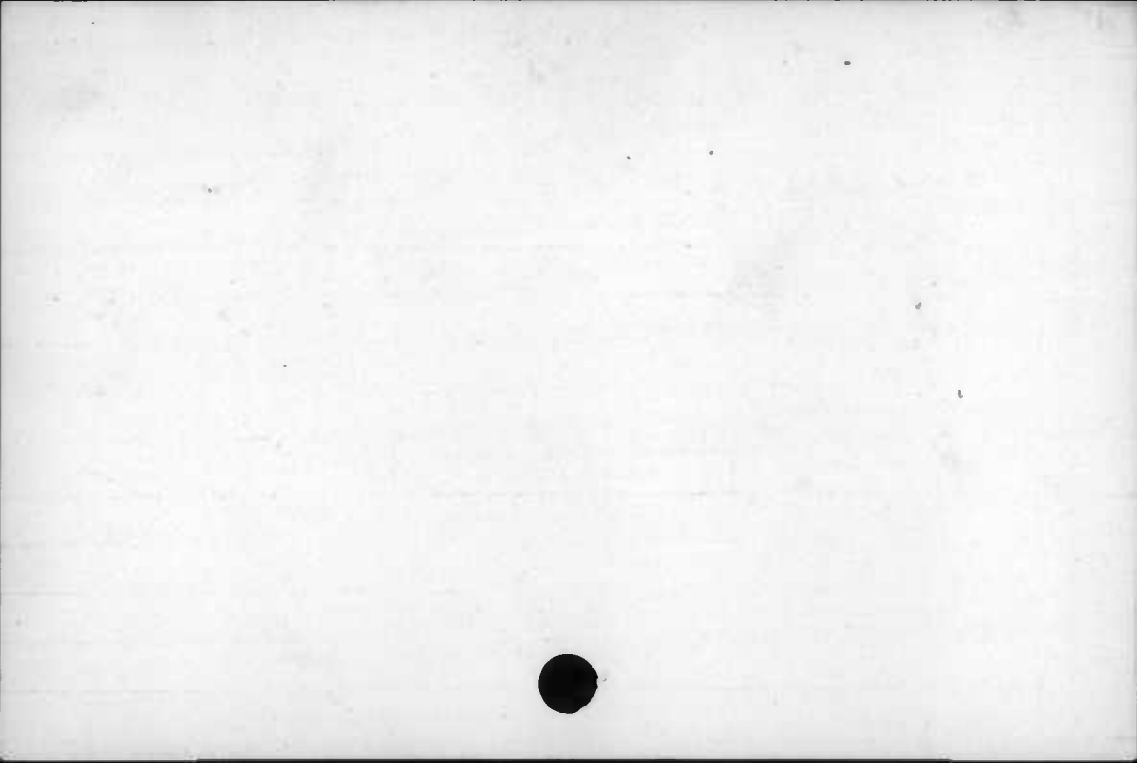
CERTIFICATE OF DEATH

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NEAREST FRIEND

Died at <i>Oxon Hill</i> ^{Town}		<i>Pr Geo</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>11</i>	Day	<i>3</i>
Age	<i>21</i>	Years	<i>11</i>	Months	<i>7</i>
Sex	<i>male</i>	Color	<i>red</i>	Birth-place	<i>Md.</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>St. Elizabeth A. S.</i>		
Married, Single or Widowed	<input checked="" type="checkbox"/> Married		Name of Wife or Husband <i>—</i>		
Father's Name	<i>Harrison Hall</i>		Father's Birthplace <i>Md.</i>		
Mother's Maiden Name	<i>Catherine E. Wills</i>		Mother's Birthplace <i>Md.</i>		
Name of person giving information	<i>Sophia Lyons</i>		How related to deceased <i>Sister</i>		

CAUSES OF DEATH

Primary	<i>Acute Laryngitis</i>	How long	<i>4 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. P. Sprinkles M.D.</i>
		Address	<i>Rosecroft - Md.</i>
Accident or Suicide? <input type="checkbox"/>			



TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Deceased *athurine Hamilton*
Died at *Groom Sta* Town *Or Geo* County

Date of death *1908 Nov 1* Month *Nov* Day *1* Age *66* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *md*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Edmond Hamilton*

Father's Name *Thomas Bell* Father's Birthplace *Pg. Ct*

Mother's Maiden Name *Henretta Bell* Mother's Birthplace *Pg. Ct*

Name of person giving information *Silvester Hamilton* How related to deceased *Son*

CAUSES OF DEATH

64

Primary *Apoplexy* How long *10 days*

Immediate *Unknown* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. J. Gibbons*

Address *Groom md*

~~Accident or Suicide?~~

PHYSICIAN
OR CORONER

Name
in
Full

Marie Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Marlboro</i>		Town <i>P G</i>		County <i>Geo</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>11</i>	Day <i>15</i>	Age	Years	Months <i>8</i>	Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married , Single or Widowed				Name of Wife or Husband <i>—</i>			
Father's Name <i>Wash Hamilton</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Marion Stewart</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>John Stevenson</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

Primary

Pneumonia

How long

2 days

Immediate

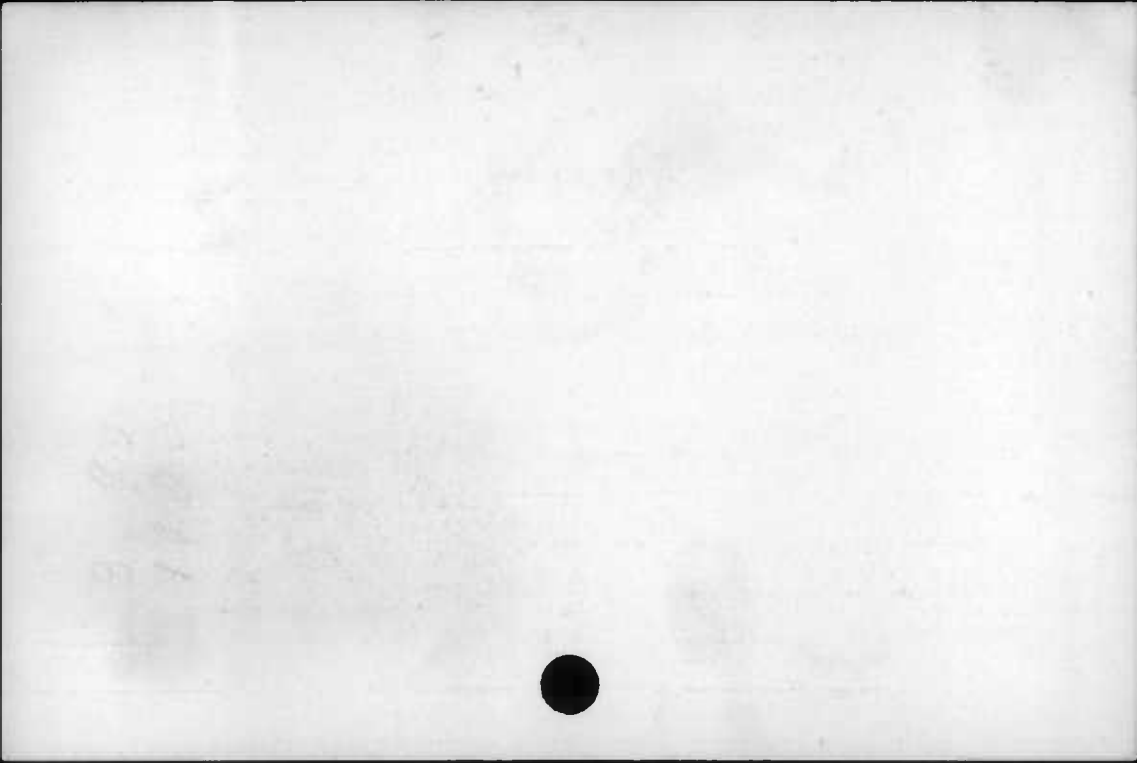
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

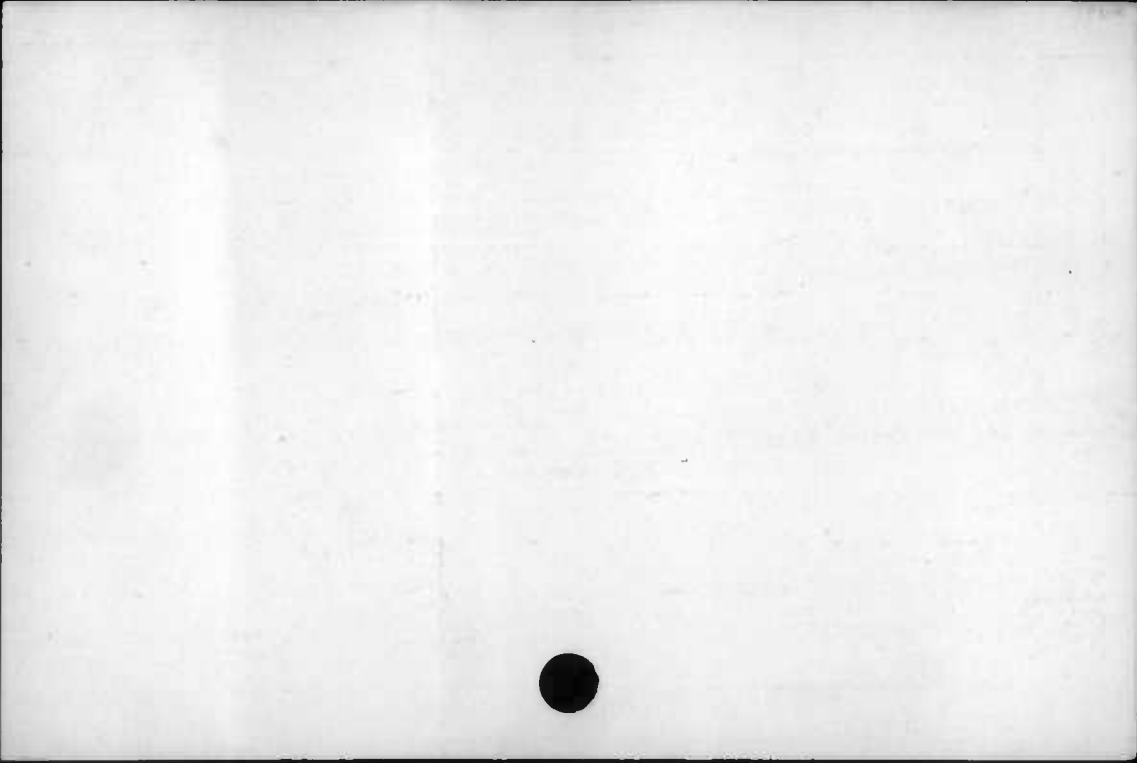
Address

Randy Dasso
upper Marlboro
md

Accident or Suicide?



Name in Full		Edith Hawner.					CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND		Died at		Silver Hill		Prince George		MARYLAND							
		Date of death		1908	Month	11	Day	13	Age	Years	19	Months	0	Days	—
		Sex		Female		Color or Race		White		Birth-place		Md			
		Occupation		Housework		Where Residing if not at place of death		—							
		Married, Single or Widowed		Single		Name of Wife or Husband		—							
		Father's Name		Benedict Hawner		Father's Birthplace		Md.							
		Mother's Maiden Name		Elizabeth Gray		Mother's Birthplace		Md.							
Name of person giving information		Benedict Hawner		How related to deceased		Father									
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">①</div>															
PHYSICIAN OR CORONER		Primary		Typhoid fever (paralysis)				How long		2 1/2 months					
		Immediate		Spinal Meningitis & Cardiac				How long		6 weeks					
		Are the name, age, sex, color, date and place correctly given above?		yes,		Signature of Physician		John E. Sansbury		Address		Forestville			
		Accident or Suicide?		neither,								Md			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princeton</i> Town <i>Ind.</i> County <i>Grange</i> MARYLAND	
Date of death <i>1908</i> Month <i>Nov</i> Day <i>10</i> Age <i>70</i> Years Months Days	
Sex <i>Male</i> Color or Race <i>white</i> Birth-place <i>Ind</i>	
Occupation <i>None</i> Where Residing if not at place of death	
Married, Single or Widowed <i>Married</i> Name of Wife or Husband <i>Josephine Hubbard</i>	
Father's Name <i>John Hubbard</i> Father's Birthplace <i>Ind.</i>	
Mother's Maiden Name <i>Rebecca Mahoney</i> Mother's Birthplace <i>Ind.</i>	
Name of person giving information <i>Josephine Hubbard</i> How related to deceased <i>wife</i>	

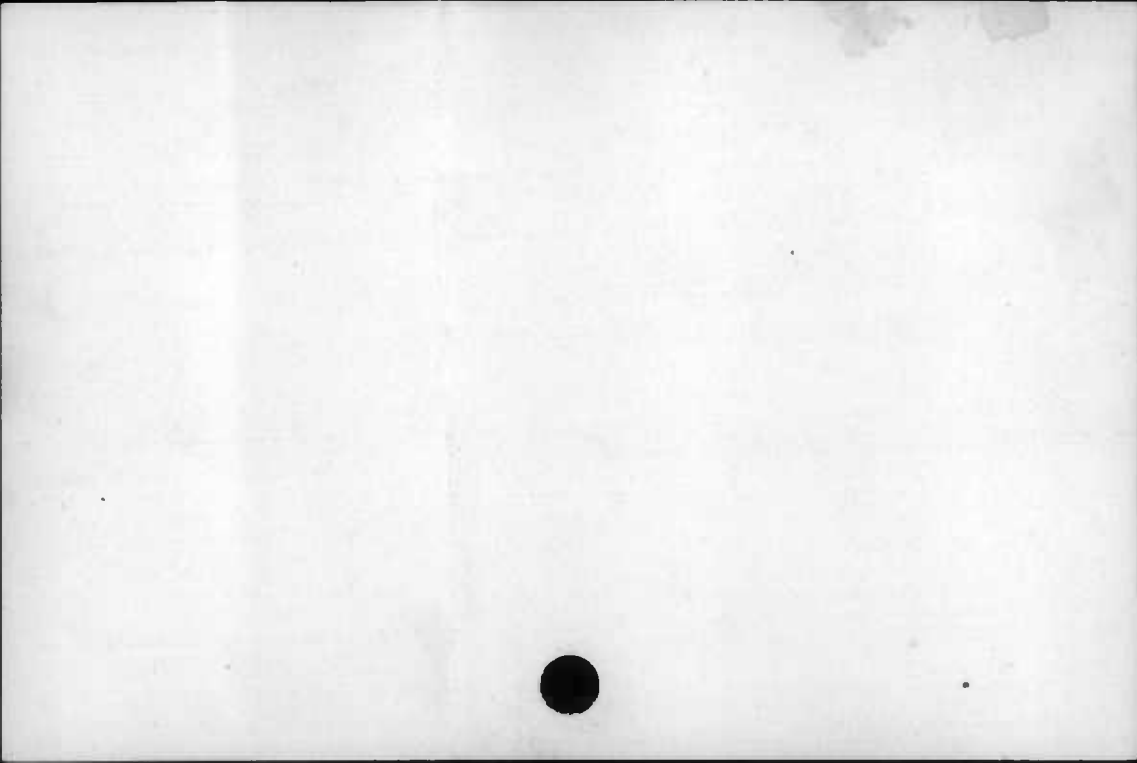
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy,</i>	How long <i>2 years & 9 months</i>
Immediate <i>Heart action</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John J. Orpeth</i>
	Address <i>The Seeward</i>
Accident or Suicide?	<i>Was living in Ill.</i>

Geo Smith

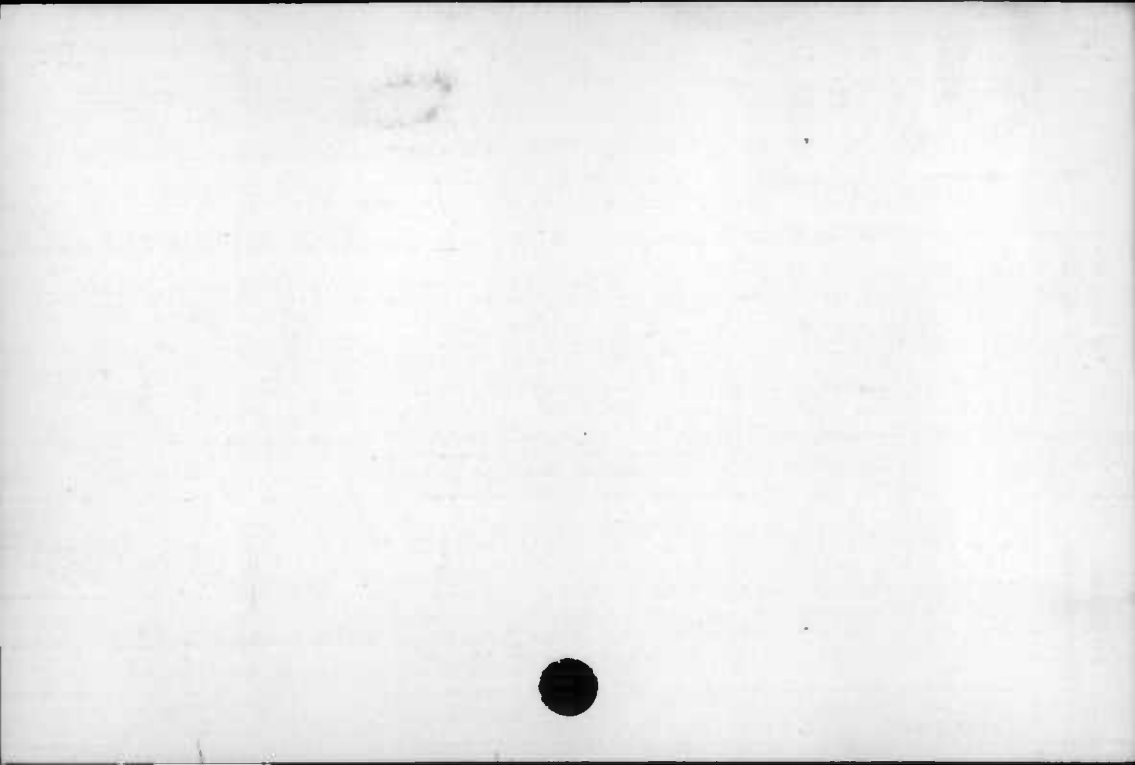
Name in Full		Everlyn Jackson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Smyland	County Prince George	MARYLAND		
		Date of death		1908	Month 11	Day 26	Age Years Months 3	
		Sex	Female	Color or Race	Black	Birth-place	ma	
		Occupation	none	Where Residing if not at place of death				
		Married, Single or Widowed	Single	Name of Wife or Husband			-	
PHYSICIAN OR CORONER		Father's Name		Edward Jackson		Father's Birthplace		Wash D.C.
		Mother's Maiden Name		Everlyn Jackson		Mother's Birthplace		ma
		Name of person giving information		Charlotte Jackson		How related to deceased		Sister-in-law
		CAUSES OF DEATH						(151)
		Primary		General weakness				How long
Immediate		Debility				How long		
PHYSICIAN OR CORONER		Are the name, age, sex, color, date and place correctly given above?		yulo		Signature of Physician		John E. Sussbury H.C.
						Address		Forestville
		Accident or Suicide?		neither				ma



Name in Full <i>Nameless Johnson</i>		CERTIFICATE OF DEATH	
Died at <i>Rock Hill</i> <i>Pr Geo</i> County		MARYLAND	
Date of death <i>NOV 27 1908</i>	Day	Years	Months
Age	Birth-place <i>Md</i>		Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Where Residing if not at place of death	
Occupation	Name of Wife or Husband		
Married, Single or Widowed	Father's Name <i>Arthur Johnson</i>		
Father's Name	Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Nary Jenkins</i>	Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Arthur Johnson</i>	How related to deceased <i>Father</i>		
CAUSES OF DEATH			
Primary	<i>Still Born</i>		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. P. Simpson</i>		
	Address <i>Rockcroft Md.</i>		
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

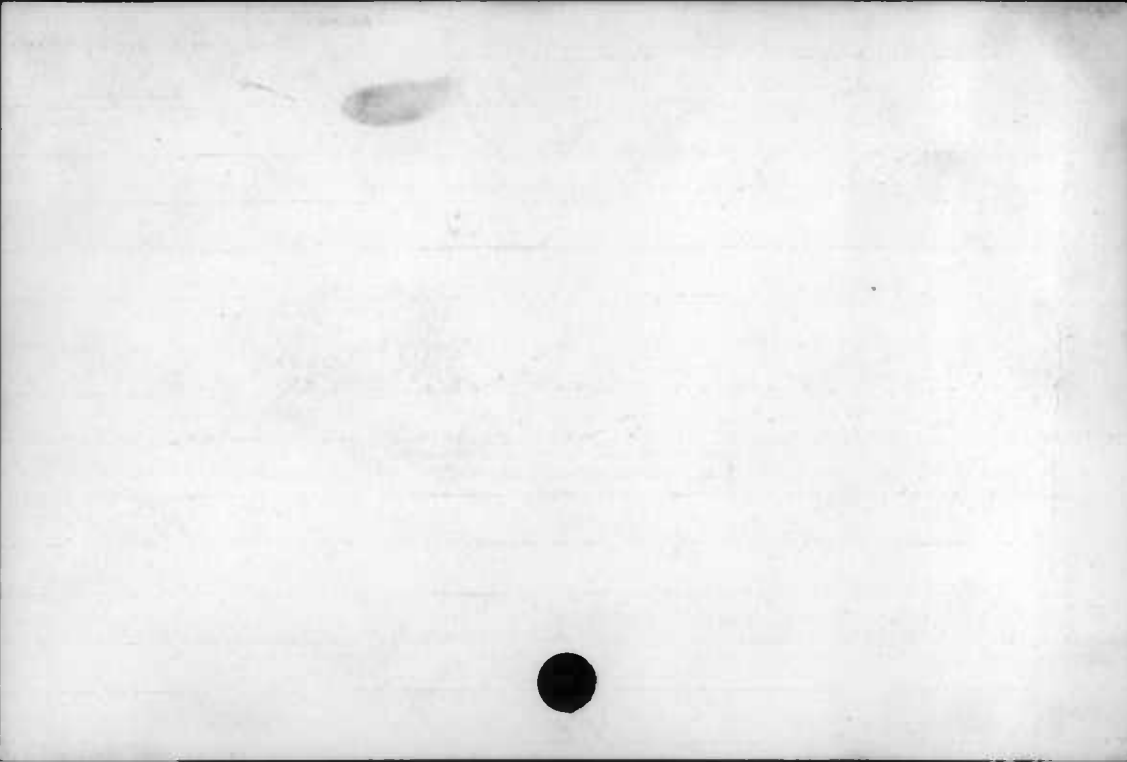
MARYLAND

Died at <i>Meddow</i> Town		<i>Prin</i> County			
Date of death	<i>1908</i>	Month	<i>11</i>	Day	<i>16</i>
Age	<i>32</i>	Years		Months	<i>11</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>md.</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Washington D.C.</i>		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>William Johnson</i>		
Father's Name	<i>George R. Leahy</i>		Father's Birthplace	<i>md.</i>	
Mother's Maiden Name	<i>Minnie Puley</i>		Mother's Birthplace	<i>md.</i>	
Name of person giving information	<i>George R. Leahy</i>		How related to deceased	<i>Father.</i>	

CAUSES OF DEATH

(27)

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>1 yr.</i>
Immediate	<i>Asthenia</i>	How long	<i>2 weeks.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>	
Signature of Physician		<i>John E. Dawkins D.C.</i>	
Address		<i>Forest Hill, Md.</i>	
Accident or Suicide?		<i>neither</i>	



Name
in
Full

Minnie Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

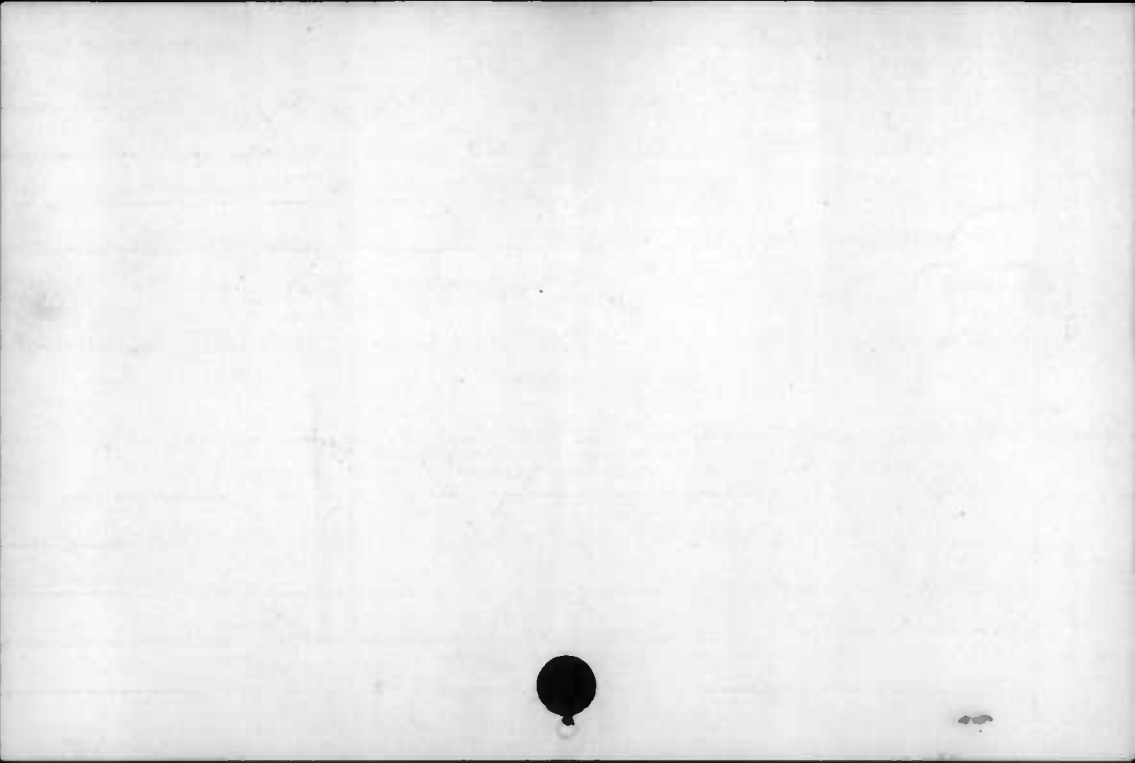
Died at <i>Hyattsville</i>		County <i>Prince Geo.</i>		MARYLAND	
Date of death	<i>190</i>	Month <i>Nov</i>	Day <i>17</i>	Age <i>44</i>	Months <i></i> Days <i></i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Canada</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>			Name of Wife or Husband <i>Lorin Jones</i>		
Father's Name <i>John C Macbride</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Ellen O Leary</i>			Mother's Birthplace <i>IL</i>		
Name of person giving information <i>Ellen O Macbride</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Atonic Dyspepsia</i>	How long <i>Several months</i>
Immediate <i>Inanition</i>	How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Joseph W. Gardner M.D.</i>
	Address <i>Hyattsville Md.</i>
Accident or Suicide? <i></i>	



Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Kichee*

Died at *Murwood* Town *P.G.* County

Date of death *1908* Month *Nov* Day *4th* Age *50* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Laborer* Where Residing if not at place of death *his home*

~~Married~~ Single Name of Wife or Husband *Wesley Garrison*

Father's Name *Unknown* Father's Birthplace *Ind*

Mother's Maiden Name *Unknown* Mother's Birthplace *Ind*

Name of person giving information *James Garrison* How related to deceased *brother*

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary *Exposure to cold & white* How long *3 days*

Immediate *Heart failure* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

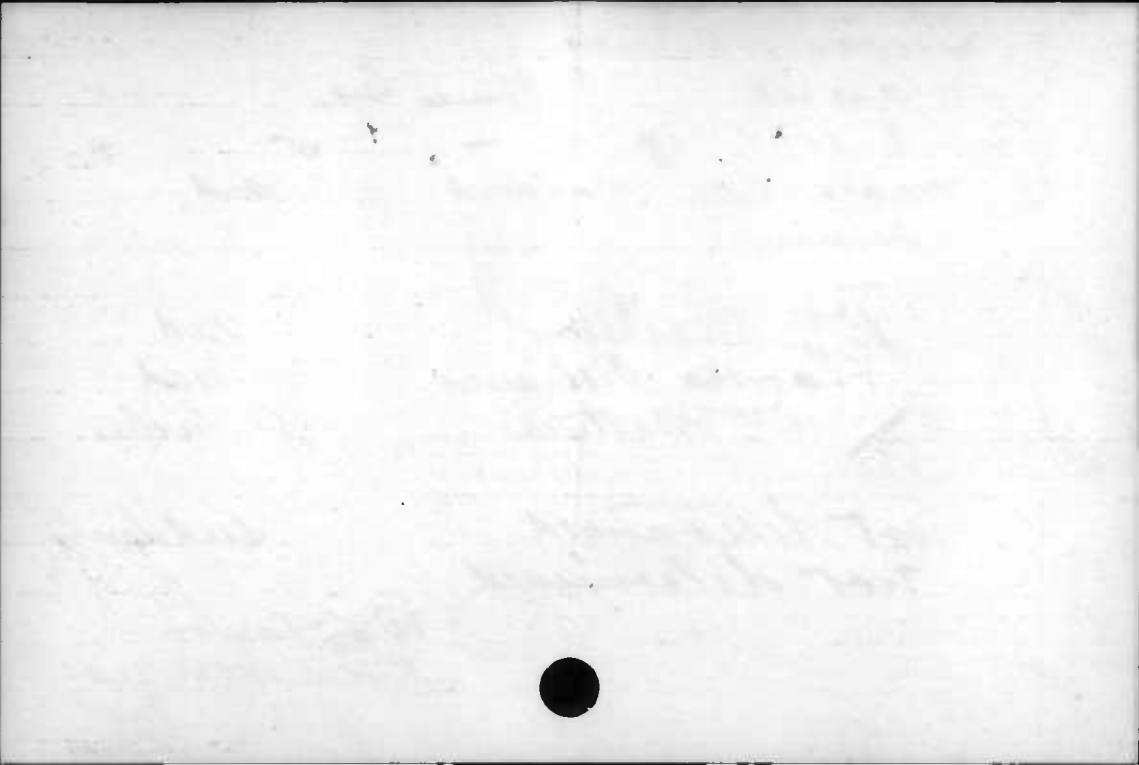
Signature of Physician *J. L. Waring*

Address *Clinton*

Accident or Suicide? *ma*



Name in Full		Antoinette Maske				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Edmonston Road		County Prince George		MARYLAND	
	Date of death		1908	Month Nov	Day 26	Age 59	Months 7	
	Sex		Female		Color or Race		White	
	Occupation		Homemaker		Birth- place		Germany	
	Where Residing If not at place of death		—					
	Married, Single or Widowed		Widowed		Name of Wife or Husband			
	Father's Name		Mrs. Dyer		Father's Birthplace			
	Mother's Maiden Name		Don't know		Mother's Birthplace			
Name of person giving In formation		Mrs C. Maske		How related to deceased			Son	
CAUSES OF DEATH							47	
PHYSICIAN OR CORONER	Primary		Acute Rheumatism			How long		2 1/2 months
	Immediate		Pneumonia Endocarditis			How long		4 weeks
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician		A. D. Ginner
	Address		Berwyn Md					
Accident or Suicide?								



Name
in
Full

Lewis Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

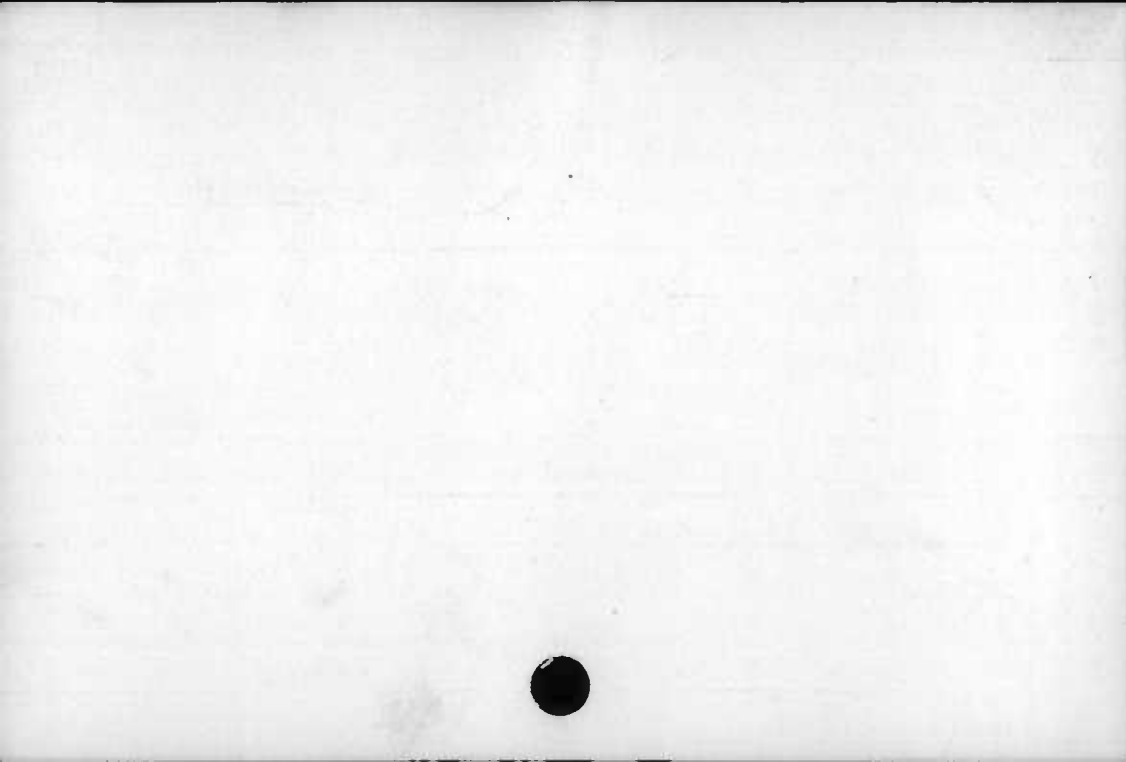
Died at <u>Laurel</u> <small>Town</small>		<u>Brown</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small>	<u>11</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>5</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>md</u>			
Occupation <u>man</u>	Where Residing if not at place of death <u>—</u>				
Married, Single, or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Wm. Matthews</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Flavilla Williams</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Wm. Matthews</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary <u>not determined</u>	How long <u>suddenly</u>
Immediate <u>not determined</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. F. Taylor</u>
	Address <u>Laurel md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

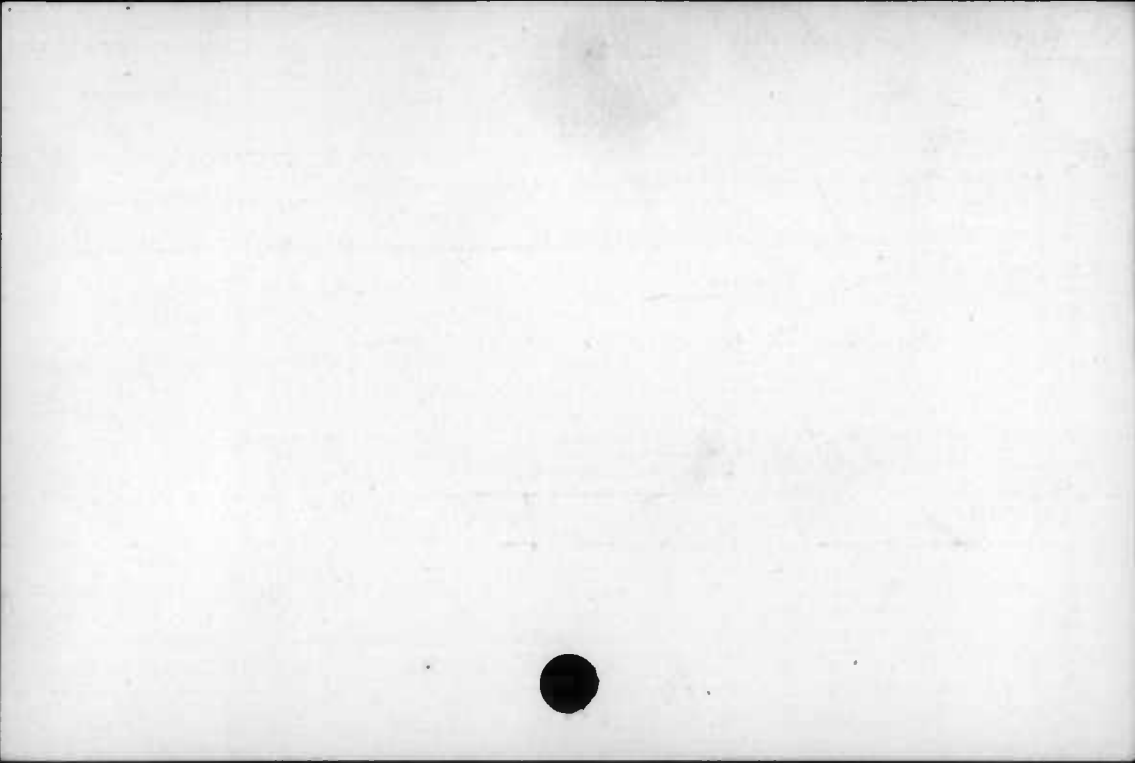
Name in Full <i>Nordecai L. Moore</i>		Town <i>Leann Springs</i>		County <i>Pr. Ed.</i>		MARYLAND	
Died at <i>Leann Springs</i>		Month <i>11</i>		Day <i>14</i>		Years <i>80</i>	
Date of death <i>1908</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed		Name of Wife or Husband <i>—</i>					
Father's Name <i>Nordecai Moore</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Elizabeth</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Wm. G. Moore</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

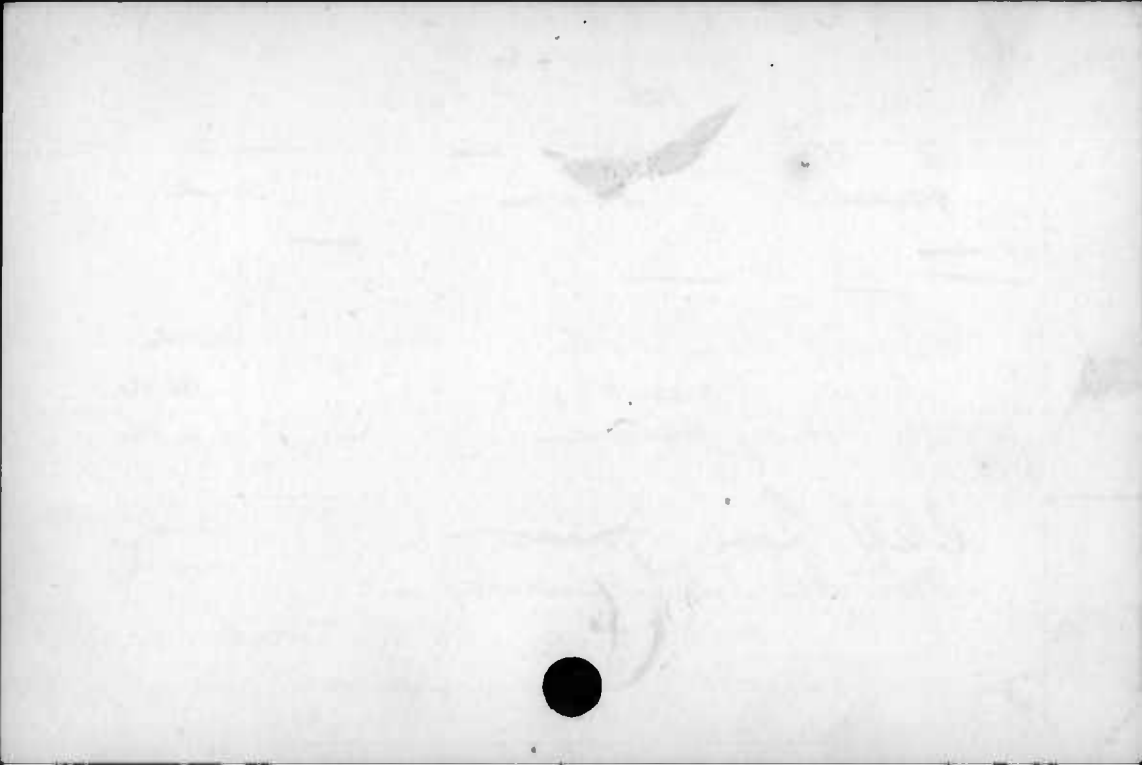
79

PHYSICIAN
OR CORONER

Primary <i>Vascular/Heart Lesion</i>	How long <i>2 yrs</i>
Immediate <i>Spasmodic cough.</i>	How long <i>1/2 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Simpson M.D.</i>
	Address <i>Rosecroft Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		George Owen Morris				No 5 CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Stynesboro</i>			County <i>Prince Georges</i>		MARYLAND			
	Date of death	1908	Month	November	Day	7th	Age	75	
				Years		Months	3	Days	26
	Sex	Male		Color or Race	white		Birth-place	N.Y. City	
	Occupation	Book Binder			Where Residing if not at place of death			Stynesboro	
	Married, Single or Widowed	widowed		Name of Wife or Husband				Eliza J Thompson Morris	
	Father's Name	Cewen Morris				Father's Birthplace		Wales	
	Mother's Maiden Name	Elizabeth Anthony				Mother's Birthplace		England	
Name of person giving information	Mrs J P Morris Stynes				How related to deceased		Daughter		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(154)</div>									
PHYSICIAN OR CORONER	Primary				How long				
	Malnutrition & Senile Gangrene				Several Weeks				
	Immediate				How long				
	Anemia				-				
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician					
				Address					
				<i>Wm W Wall</i> <i>Springfield</i> <i>Ind.</i>					
Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Berwyn Md* *Princes George*
 Town County
 Date of death *1908 November 12* *Age 53*
 Month Day Years Months Days

Sex *Female* Color or Race *White* Birth-place *Easton Pa*

Occupation *Gardener* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *Mr Joseph P Schneider*

Father's Name *Mr Jacob Lerch* Father's Birthplace *Easton Pa*

Mother's Maiden Name *Miss Ellen L Lerch* Mother's Birthplace *do do*

Name of person giving information *Allen A Baeschlin* How related to deceased *Son*

CAUSES OF DEATH

74

Primary *Brain Tumor* How long *three months*
 Immediate *Brain Tumor* How long *Three months*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas J Mooney
1711. No Capitol St -
Washington D.C.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Dr. Mooney

N.C. I.

1211

Name
in
Full

William Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Broomfield* ^{County} *Prince George* **MARYLAND**

Date of death *1908* ^{Month} *Nov* ^{Day} *30* ^{Years} *40* ^{Months} ^{Days}

Sex *Male* Color or Race *Colored* Birth-place *Ind*

Occupation *Labourer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Matilda Smith*

Father's Name *Parthen Smith* Father's Birthplace *Ind*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Johnnie Diggs* How related to deceased *Bro-in-law*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

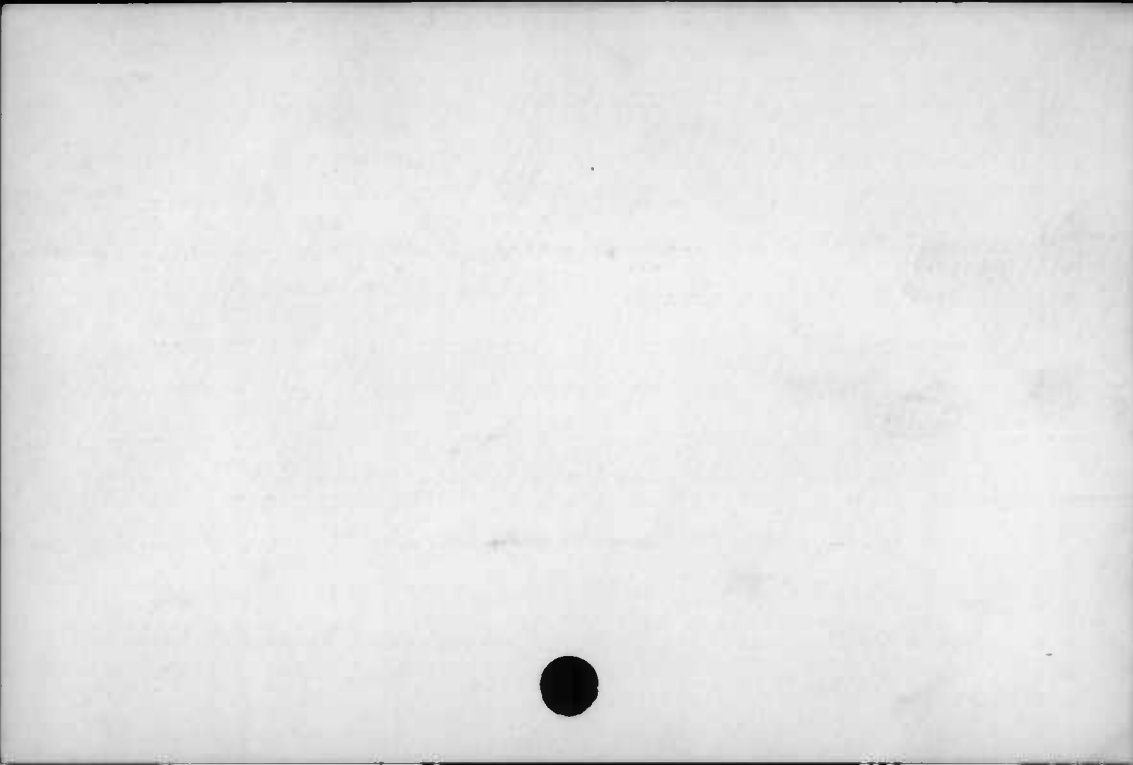
Primary *Bright Disease* How long *2 years*

Immediate *Unknown* How long

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. H. Gibbons*

Address *Broomfield Ind*

Accident or Suicide?



Name
in
Full

John Smeat

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hyattsville</u> Town		<u>Pr Geo</u> County		MARYLAND	
Date of death	1908	Month	11	Day	9
Age		73		Months	
Sex	Male		Color or Race	White	
Occupation	none		Birth-place	D.C.	
Where Residing if not at place of death			D.C.		
Married, Single or Widowed	Widowed		Name of Wife or Husband	Mary M. McKenna	
Father's Name	Wm Smeat		Father's Birthplace	D.C.	
Mother's Maiden Name	Martha — (don't know)		Mother's Birthplace	Md.	
Name of person giving information	Frank P Smeat		How related to deceased	Son	

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary	<u>Myocarditis, Endocarditis don't know</u>		How long	
Immediate	<u>Cardiac asthma</u>		How long	<u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Thos. E. Kattner</u>		
		Address <u>Hyattsville Md</u>		
Accident or Suicide?				



Name
in
Full

Marie Louise Summer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

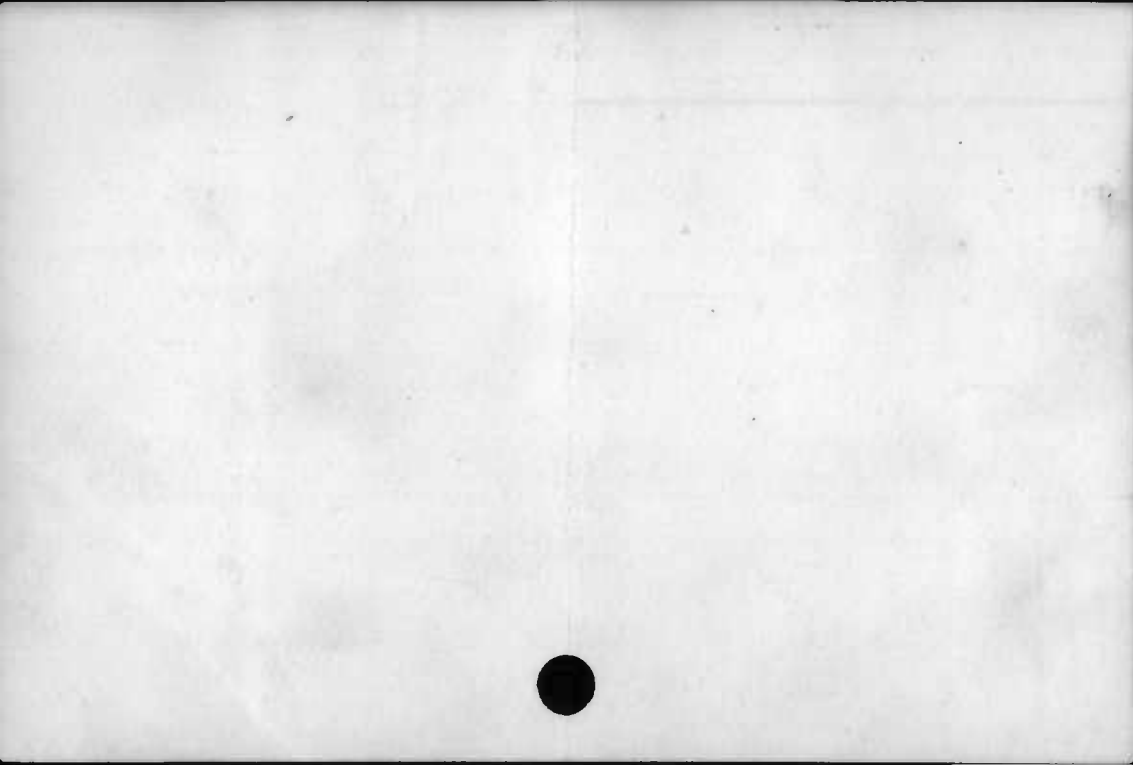
Died at		Town Towonshend		County Pr. Geo		MARYLAND	
Date of death	1908	Month 11	Day 3	Age 11	Years 3	Months 15	Days
Sex	female		Color or Race	white		Birth- place	Mex
Occupation	School girl			Where Residing if not at place of death			
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	J. Acton Summer					Father's Birthplace	Mex
Mother's Maiden Name	Rose Lee Burch					Mother's Birthplace	Mex
Name of person giving Information	J. A. Summer					How related to deceased	father

CAUSES OF DEATH

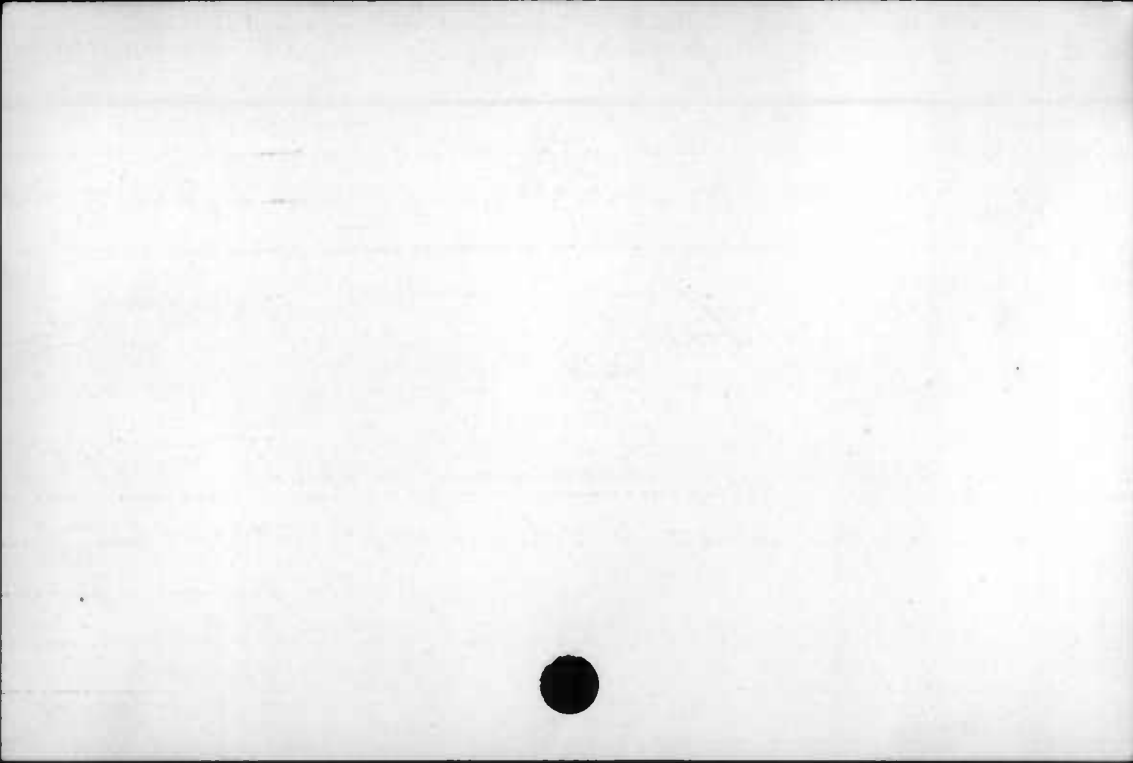
166

PHYSICIAN
OR CORONER

Primary	Gunshot wound in head		How long	Death instantaneous
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	John A. Coz
			Address	213.
Accident or Suicide?		Accident		



Name in Full		Susanna Taylor				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	Pr Geo		County		
	Date of death		1908	Month	7	Day	6	
	Age		66		Years			
	Sex		Female		Color or Race	White		
	Occupation		None		Birth-place	Md		
	Where Residing if not at place of death							
	Married, Single or Widowed		Widowed		Name of Wife or Husband			
Father's Name		John L. Martin				Father's Birthplace	Md	
Mother's Maiden Name		D Ann Waters				Mother's Birthplace	Md	
Name of person giving information		Mary R Redwell				How related to deceased	daughter	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Unknown Sudden death				How long	Suppose a short time
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H. H. Libbons	
					Address		Crown end	
	Accident or Suicide?							



Name
in
Full

Francis L. Tomlinson

CERTIFICATE OF DEATH

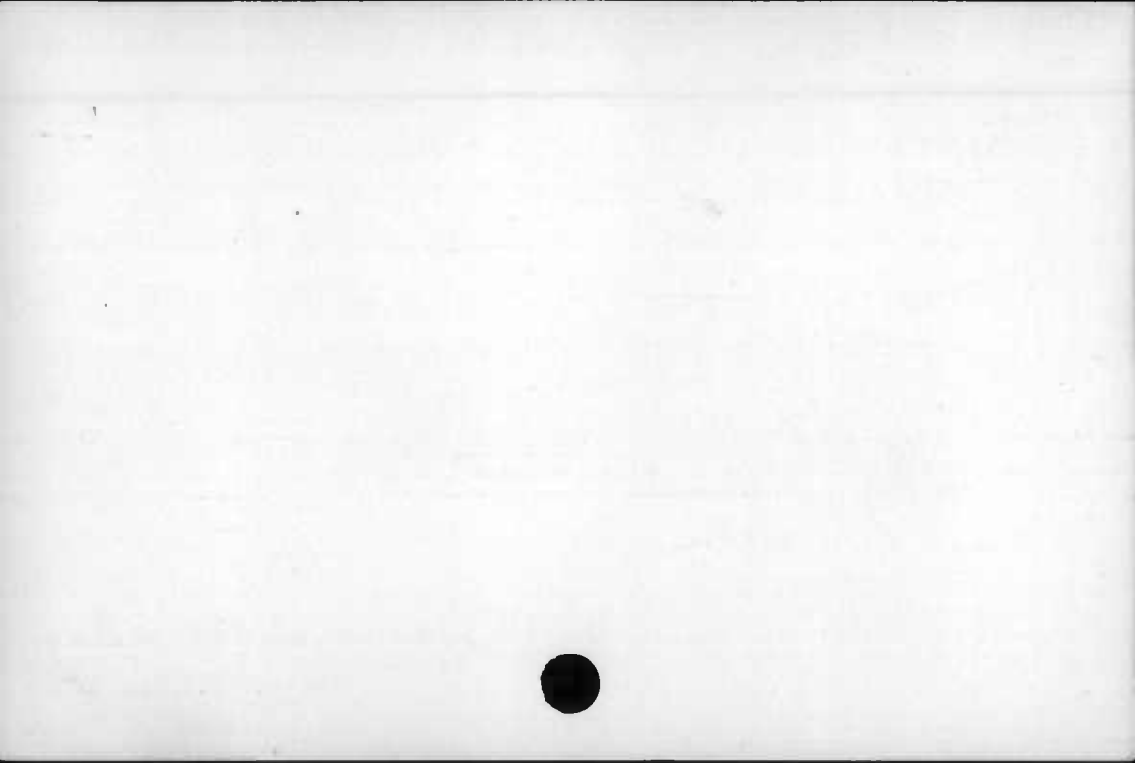
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Marlboro</i>		Town <i>Upper Marlboro</i>		County <i>P. M.</i>		MARYLAND	
Date of death	1908	Month	13	Day	Age	Years	Months
	8	Nov	13		4		
Sex	Female		Color or Race	white		Birth-place	Alex C. U.S.
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Charles Tomlinson				Father's Birthplace	P. M. U.S.	
Mother's Maiden Name	Gamer -				Mother's Birthplace	P. M. U.S.	
Name of person giving information					How related to deceased	179	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart trouble - died when I arrived -</i>		How long	
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>J. B. Griffith</i>
			Address	<i>Upper Marlboro U.S.</i>
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

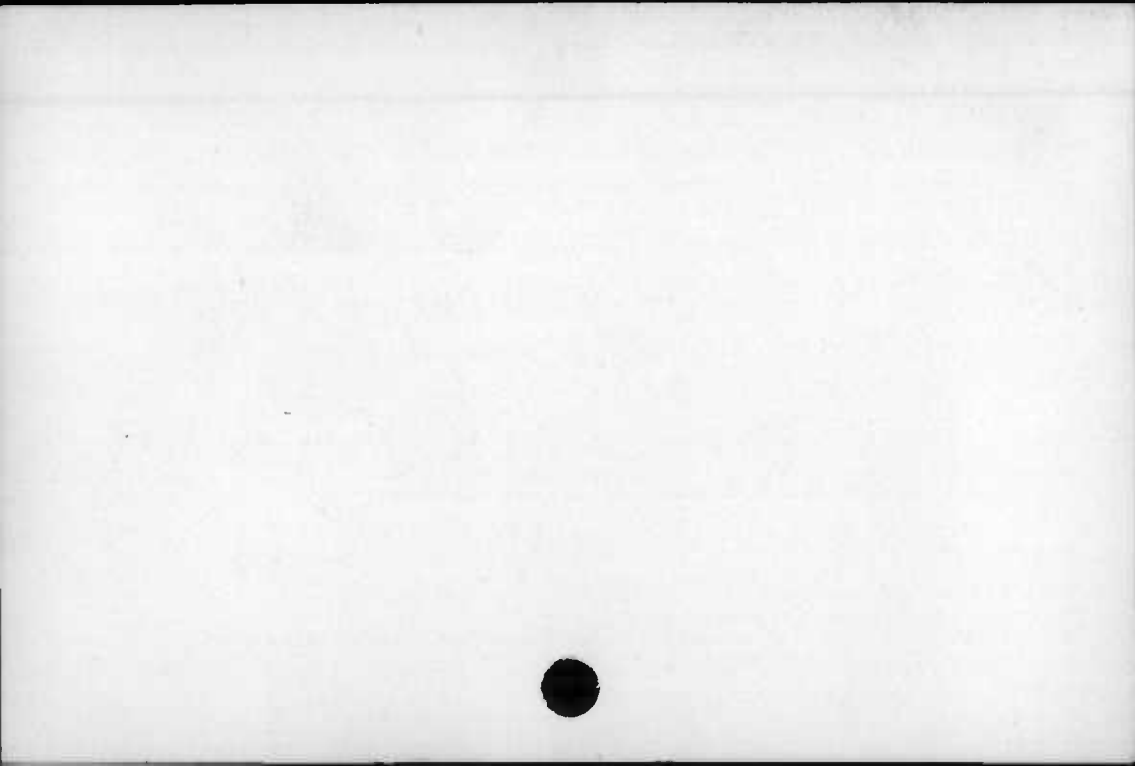
Died at <i>Infant - (Tucker)</i>		Town <i>Meadows</i>		County <i>P. G.</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>11</i>	Day <i>1</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>				
Married, Single <i>Single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Edward Tucker</i>			Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Ida Windsor</i>			Mother's Birthplace <i>"</i>				
Name of person giving information <i>Edward Tucker</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long <i>—</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John E. Sansbury</i>
	Address <i>Forestridge Md.</i>
Accident or Suicide?	



Name
in
Full

Cloria Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Chittenden Town Pr Geo County

Date of death 1908 Nov 28 Age 40 Months Days

Sex Female Color or Race Calures Birth-place Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband James Washington

Father's Name Hannibal Gant Father's Birthplace Md

Mother's Maiden Name Agnes Craig Mother's Birthplace Md

Name of person giving information Thomas Gant How related to deceased Brother

CAUSES OF DEATH

27

Primary Germanian Tuberculosis How long Don't know

Immediate Asthmatic How long 1 week

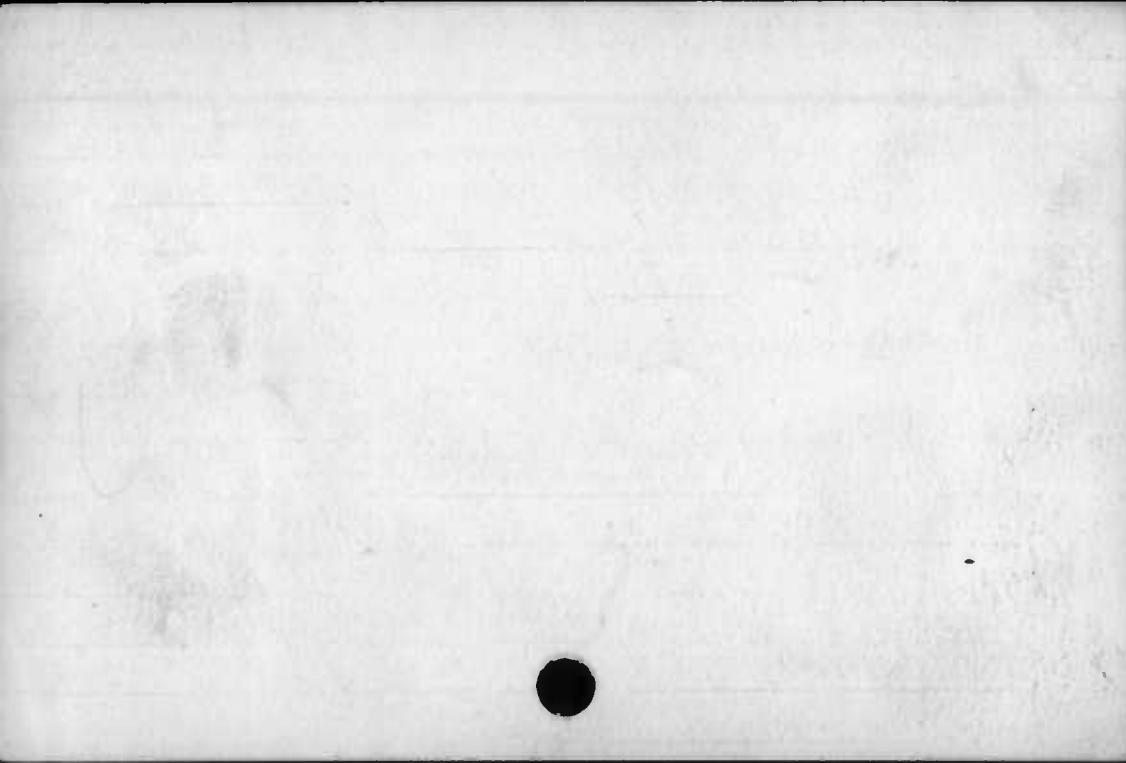
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Ed H. Gibbons

Address Brown Md

Accident or Suicide?



Name in Full <i>Mary Jane Williams</i>		CERTIFICATE OF DEATH	
Died at <i>Muirkirk</i> ^{Town}		County <i>Prince George</i> MARYLAND	
Date of death <i>1908 Nov.</i>	Month <i>27</i> Day <i>27</i> Age <i>68</i>	Years	Months Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>A.A. Co.</i>	
Occupation <i>No Occupation</i>	Where Residing if not at place of death <i>Muirkirk Md.</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Philip Williams</i>		
Father's Name <i>William Brooke</i>	Father's Birthplace <i>A.A. Co.</i>		
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>A.A. Co.</i>		
Name of person giving information <i>R.W. Lancaster</i>	How related to deceased <i>Son in Law</i>		
CAUSES OF DEATH			
Primary <i>Heart disease</i>	How long <i>6 mo</i>		
Immediate <i>—</i>	How long		
Are the name, age, sex, color, date and place correctly given above? <i>no</i>	Signature of Physician <i>J. H. D. Gandy</i>		
	Address <i>Lynch Md</i>		
Accident or Suicide? <i>no</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near by. Marlboro</i>		Town <i>Phillis</i>		County <i>P. Essex</i>		MARYLAND					
Date of death <i>1908</i>		Month <i>11</i>		Day <i>21</i>		Age <i>Years</i>		Months <i>—</i>		Day <i>1</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>							
Occupation <i>None</i>				Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>							
Father's Name <i>Lawrence W. Willis</i>				Father's Birthplace <i>S. C.</i>							
Mother's Maiden Name <i>Annie R. Beall</i>				Mother's Birthplace <i>md</i>							
Name of person giving information <i>Lawrence W. Willis</i>				How related to deceased <i>Father</i>							

CAUSES OF DEATH

151

Primary <i>Premature birth</i>		How long <i>Sired 6 hrs</i>	
Immediate <i>about 6 1/2 mos</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Reuben Sasser</i>	
		Address <i>Upper Marlboro md</i>	
Accident or Suicide?			

